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THE ALKALOIDAL CLINIC

A Monthly Journal Devoted to Accuracy in Therapeutics, with Practical Suggestions Relating to the Clinical Application of the Same.

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ADDRESS

THE ALKALOIDAL CLINIC,
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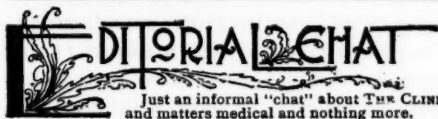
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Just an informal "chat" about *THE CLINIC* and matters medical and nothing more.

PERSONAL.

Dear readers, we want you to enter into partnership with us; a partnership in which you will contribute a little time, a few kindly words and a bit of stationery, and we will repay you by adding to the pages of our journal. The great cost of a journal is in the composition, getting ready for the press, and administrative expenses. After

these have been provided for, the cost of running off a few thousands more copies is simply an affair of press-work and paper, addressing and mailing. So that as it requires so many thousands of subscriptions to pay the first cost, every additional thousand enables us to add to the number of pages we print. The increase in our subscription list has been sufficient to enable us to add to the size of the *CLINIC* so that in seven months we have given you 426 pages of reading matter, exclusive of the useful excerpts from current literature to be found in the advertising pages. Last year the twelve numbers of the *CLINIC* contained 486 pages of reading matter; yet the whole of this enormous increase is supplied to each subscriber without a penny of additional cost to him. We have enough material, fully as good as what we print, to fill 120 pages every month, if we had the subscribers to warrant it. Now, is it not worth while for each one of you who reads these lines to make an effort to get us another subscriber? We will do our share if you will do yours.

RESECTION OF THE CERVICAL GANGLIA.

Jonnesco reports nine cases of resection of the cervical sympathetic ganglia, two for exophthalmic goiter, three for epilepsy, one for chorea and hystero-epilepsy, one for brain-tumor, one for hysteria and one for progressive paralysis. The cases of exophthalmos and epilepsy were materially benefited, possibly cured; in the other cases no special effect was observed. No secondary ill-effects followed.

Although it would seem that in exophthalmos this operation is indicated, it is questionable if the benefit were not largely due to its suggestive effects.

FUNDS FOR STATE SANITATION.

Great as is the work done for the cause of advanced medical education by the Illinois State Board of Health, it looks as if that work were better known and appreciated anywhere than in its own state. The following table, published by the Pennsylvania State Board of Health, shows the amounts appropriated by several of the states for the expenses of their respective Boards of Health :

| | Appropriation. | Population. | Cost Per C. |
|--------------------|----------------|-------------|-------------|
| Massachusetts | \$56,000 | 2,238,943 | 21.67 m |
| New Hampshire .. | 3,500 | 376,530 | 9.33 m |
| Rhode Island.... | 3,000 | 349,506 | 8.67 m |
| Minnesota..... | 9,000 | 1,301,826 | 6.87 m |
| Alabama | 9,000 | 1,513,017 | 5.88 m |
| New York..... | 30,000 | 5,987,853 | 5.00 m |
| Wisconsin..... | 5,200 | 1,636,880 | 3.06 m |
| Michigan..... | 6,000 | 2,093,889 | 2.87 m |
| Illinois..... | 9,000 | 3,826,351 | 2.33 m |
| Pennsylvania..... | 6,000 | 5,258,014 | 1.15 m |

It does seem as if the great and wealthy State of Illinois could afford to place something more than this paltry sum at the disposal of her State Board of Health. There are so many useful ways in which the powers of this board could be utilized for the benefit of the community with a little expenditure. Whenever an outbreak of smallpox, diphtheria or typhoid fever occurs, one of the members or an expert hygienist should be sent to investigate it, and direct the proper measures for its suppression.

An illustration of the practical value of this system occurred in Pennsylvania. Diphtheria of a malignant type appeared in a town in the interior, and remained in spite of the earnest efforts of the resident physicians and volunteers who came to their assistance. Finally, the State Board of Health sent an expert in sanitary science to the town, who soon discovered the source of the malady in an unsuspected contamination of the water supply. The cost of the investigation was \$21.60; the results were the stoppage of an epidemic

that had already cost over twenty lives, and an improvement in the general health of the community ensued.

Truly, we ought not to talk of the effete East until we show ourselves at least equal to her in utilizing the resources of modern science.

This is but one way in which the state would be benefited by placing in the hands of the Board of Health the means of doing good work. The examination of water supplies, improvement in local sanitation, supervision of the food and disposal of waste, are also legitimate subjects for its activity.

ANTI-VIVISECTION.

The anti-vivisectionists are again at it, this time with a bill "for the further prevention of cruelty to animals in the District of Columbia."

These people make us very tired. The assumption that medical men, whose lives are spent in the effort to relieve suffering, should causelessly inflict pain upon the brutes, is a piece of unwarrantable impudence. Who is qualified to judge of the propriety, the necessity of such experimentation, if it is not the physician? The editor loves all animals, and there is never a stray dog, cat or child that comes his way that does not recognize this friendly feeling and confide itself to his hands. But man is better than any animal; and it is as justifiable to sacrifice the brute to advance our knowledge of disease and the means of relieving it as it is to slaughter animals for food.

To be consistent, the anti-vivisectionist should be a vegetarian, and should prescribe the wearing of birds, whose lives are taken, of ostrich feathers, which are obtained only at the cost of pain to the bird, of silk, as the inmates of the cocoons are killed, and of leather, which is only obtained by the death of the animal.

In fact, the *reductio ad absurdum* is easy.

PUBLIC HYGIENE.

The Chicago Board of Health last year asked for funds to provide for an inspection of the city schools. The city fathers thought the corporation too poor to afford the small sum asked, so the regular medical inspectors were withdrawn from other work and sent to inspect such schools as were reported as needing attention.

Well, they surely needed it, judging from the reports of these officials. Bad water receives a great deal of attention in the public press, although our bad water is better than that of any other large American city; but the water was nothing in its disease-exciting power to the filthy cellars, alleys, out-houses and the other gross unhygienic elements.

This is a matter in which our profession as a body ought to interest itself. That there are too many doctors for the need is a fact too obvious to require proof; and the need for new outlets for the physician's activity is no less evident. In an interview recently with one of our rising young men, he remarked that the most promising field to-day in medicine was that of state sanitation. Every town, every township needs a health officer; and in many instances all that is necessary is to call the attention of the community to this need, and it will be supplied. And who is to do this if not the doctor? Let each one who has at his disposal time that could be profitably spent in this way make himself familiar with the principles of modern municipal hygiene, and then start an agitation in his community in favor of this project.

The formation of local health boards would accomplish many useful ends besides improving the local sanitation. They would strengthen the hands of the state boards, by educating the people up to a comprehension of the benefits of sanitation, and by creating a public sentiment to back them up in their requirements. The ineffectiveness of health boards is not usually

due to any lack of ability as practical sanitarians, but to a lack of the power of convincing the authorities that it is wise to spend money on sanitation. The most useful health officer Philadelphia ever had was a gentleman who possessed to a remarkable degree the power of persuading the city fathers to appropriate funds. But if from every town and county in the states there came a united demand for this work to be done, from the most intelligent and influential classes, there would be no resistance or indifference on the part of the legislatures.

Incidentally, the doctor himself would be placed in a better position towards the community, and would wield the influence to which his professional acquirements entitle him. One would think he would grow weary of being pushed into the background and restricted to a routine of visits, while pot-house politicians rule the roost, and insult him and the common sense of the community by espousing the cause of every form of arrant quackery that arises, to delude the unfortunate and prey on the afflicted.

THE NEW YORK MEDICAL COLLEGES.

Bellevue and the N. Y. University report their engagement off. The question of swallower and swallowee could not be solved satisfactorily. There is one thing upon which we can bank every time, and that is human selfishness. Every man can be depended upon to exhibit the most gracious willingness to accept the transfer to himself of the other man's goods, chattels and emoluments; but when it comes to making a fair division, that is another matter.

And however nice it may seem to have 1,300 students brought together in one medical college, it may be doubted whether the true interests of these young men are thereby subserved. The faculty is removed to such a distance that the individ-

ual student never comes in contact with the professors, and the actual teaching is done by a crowd of more or less efficient assistants, while the major faculty confine themselves to lecturing. So it happens that such universities as Oxford, with their enormous aggregations of students and endowed fellowships, accomplish less for science than any little provincial German school with a handful of students and a few professors, whose salaries would hardly keep an English college Don in spending money.

REST.

Nearly every professional man except the doctor is beginning to look forward to a summer vacation. The railroads are advertising the various resorts. Seashore and mountain, lake and forest, river and stream, are painting enticing pictures in the imaginations of the lucky individuals whose means enable them to enjoy an outing. Even the poorer citizen may have a taste of this pleasure, though it be but for the Sunday.

And who can measure the benefits to tired humanity from this little respite from the labor and the worry, the noise and the turmoil of the great battle of life. It is good to unlace the armor occasionally and rest from the conflict; to stretch the weary limbs on the green sward, to soothe the jaded spirits with the ripple of running water, the rustle of the trees, the murmur of the breezes, the hum of bees and the whispering of the flowers; to disassociate one's self from humanity and renew acquaintance with nature, and realize that we are but a part after all of her wonderful life.

But in all this the doctor has no part. While others are solacing themselves in the cool summer resorts this unfortunate being is putting in his hardest work. For the summer heats put renewed vigor into countless swarms of micro-organisms, which have not learned to discriminate in their search for a location so far as respects the headship of man. Even his sacred person

is squatted upon as a habitat, his royal tissues appropriated for food, his blood-streams utilized as sewers. And the doctor must be the officer to avenge this insult to his majesty and eject the small intruders. So he must not even think of a vacation, but prepare to do the hardest work of the year under this broiling July sun.

For this, however, he should make amends later. Man need not make a pack-mule of himself unless he so wills it. Too often in our earnest devotion to our work we forget the ultimate object of the work, which is happiness. With profoundest wisdom Emerson said that every man's first duty is to himself; and the most ideal of altruists will find that this is in perfect harmony with his principles. For if each man's duty is towards his community, of, say, 1,000 souls, he owes each of these 1-1,000 part of his efforts. But each of the 1,000 owes him 1-1,000 part of his or her efforts, so that the total shows each human being to be entitled to the efforts of one human being to secure his happiness.

And that amounts exactly to each one helping himself.

And the same reasoning applies to the various means of securing happiness. If I have enjoyed the rare delight of rescuing my fellow-creatures from sin and shame, sickness and death, I have also a right to enjoy my share of the beauties of nature as well. When I look back on my quarter century of medical practice I feel as if I had been selfish in appropriating so much of this species of pleasure, and have defrauded my colleagues. And so it would perhaps be as just as it would be pleasant to spend a goodly portion of my remaining days lying on my back, delighting my senses with the gorgeous pictures painted in the skies by the greatest of artists, the music of nature's never-ending concert of sweet harmonies, the odors of her unmatched perfume-laboratory.

Had we but the nerve to repeat the history of Purun Bhagat!

TEMPERANCE TOPICS.

The temperance people are again after us, this time suggesting the following subjects for discussion:

Is alcohol essential in the rational treatment of disease?

Is the use of alcohol in medicine conducive to intemperance, and if so, in what manner and to what degree?

Is alcohol a stimulant?

New scientific discoveries relating to the influence of alcohol on brain and nerves.

What is the duty of the medical profession in relation to temperance reform?

The physiological effects of alcohol.

Does alcohol in any form aid digestion or any other important vital function? Consideration to be given to the experiments made with artificial digestive fluids, by Professors Chittenden and Mendel, of Yale University.

Alcohol in the light of modern research.

Summary of medical experience in the treatment of disease without alcohol in the last twenty-five years.

Is alcohol necessary or useful as a prophylactic against the hot weather diseases of children?

Those interested can send replies to Dr. Crothers, at Hartford, Conn. We haven't room for it in the CLINIC.

CASTRATION FOR CRIME.

A bill has been introduced into the Michigan legislature by Mr. R. Edgar providing for the castration of all inmates of the Michigan Home for the Feeble Minded and Epileptic before their discharge; also for that of all persons convicted of a felony for the third time, and of those convicted of rape.

In another state a similar bill has been introduced, in which seduction is also included as a case calling for castration. This is a mistake, as it is a provision that will certainly bring the law into disrepute, from the impossibility of getting at the

truth in such matters, and the awful consequences following the conviction upon mistaken or false testimony. Were castration to follow every occasion where sexual intercourse has been indulged in without the sanction of law, what a race of eunuchs there would be! And what an array of earth's greatest and most illustrious citizens would be thereby prevented from propagating their species.

AMERICAN PLANTS.

The Smithsonian Institution, at Washington, requests information concerning native American plants on the following points:

1. Local name.
2. Local uses, together with historical facts.
3. Geographical distribution and degree of abundance in the wild state.
4. Is the plant collected for market, and if so,
 - (a) At what season of the year?
 - (b) To how great an extent?
 - (c) How prepared for market?
 - (d) What is the effect of such collection upon the wild supply?
 - (e) What price does it bring?
 - (f) Is the industry profitable?
5. Is the plant, or has it ever been, cultivated, and if so, give all the information on the subject, particularly as to whether such supplies are of superior quality, and whether the industry has proved profitable.
6. If not cultivated, present facts concerning the life history of the plant, which aid in determining methods of cultivation.
7. Is the drug subjected to substitution or adulteration, and if so, give information as to the plants used for this purpose.

Information is specially desired upon such plants as are believed to have an influence, medicinal or toxic, on man or animals; such as mescal, loco-weed, etc. The CLINIC readers may aid in this important work.

CELANDINE FOR CANCER.

In the middle ages celandine, the *chelonium majus*, was a popular remedy for cancrum oris, warts and other affections. The plant has long since fallen into disuse; but recently a Russian physician has revived it as a remedy for cancer. He mixes the extract with an equal quantity of distilled water, filters through absorbent cotton and heats in a test tube until the fluid bubbles up a few times. This increases the efficacy of the remedy, besides sterilizing it. He then injects it subcutaneously around the periphery of the tumor, but not into it. The pain is considerable, but soon subsides. No inflammatory reaction follows. The tumor becomes reduced in size and may disappear entirely. When the tumor is open, the fluid is also applied to the surface.

It would be better if the active principles of this plant were extracted and tested separately instead of employing the extract.

LATERAL MYELITIS.

Can constipation and fecal absorption give rise to myelitis?

Spitzka remarked once that as chilling the feet could cause spinal affections, it was reasonable to expect that remedies could usefully be applied to the feet.

Brunton asserts that the *materies morbi* of spinal cord diseases is generated in the intestinal canal.

A case of disease of the lateral columns, with the claw-like hands, atrophy of the interosseous muscles and paresis generally, came recently into my hands. I removed seven large hemorrhoids, and gave the following: Picrotoxin, gr. 1-134; physostigmine salicylate, gr. 1-250; strychnine arseniate, gr. 1-30; nuclein, gtt. ij; podophyllin, gr. 1-12; calcium sulphocarbolate, gr. v. Direct: This to be taken in capsule, every two hours, while awake.

The result has been marked improve-

ment in every respect; the bowels have been regular, the strength is improving and the patient is quite relieved of her despondency and now believes she is getting well.

SMALL COLLEGES.

We have heard so much of the desirability of large educational institutions that it is refreshing to hear something from the other side. Secretary Wilson is quoted in the *Chicago Record* as saying that he believes in the multiplication of small colleges. "The nearer you get the colleges to the people the more people you will get into the colleges. I don't believe in the centralization of educational facilities. The fewer pupils a professor has the more attention he can give them, and while, of course, he ought to have enough to provide him a decent compensation, he ought not to have more than he can handle."

In this connection, a student who had attended one of the great Eastern medical colleges, where the class numbered about 800, remarked that in three weeks at one of the smaller Chicago colleges he had received more clinical instruction than in three years at the unwieldy Eastern school.

SIMON'S DIAGNOSIS.

To the standard treatises upon clinical diagnosis has been added a new and valuable work, by Charles E. Simon, of Johns Hopkins. In its 504 octavo pages he describes the chemical and microscopical examination of the blood, urine, feces and other secretions and excretions. The book is freely illustrated. As the modern, scientific practice of medicine requires the physician to provide himself with a complete microscopic and chemical laboratory, this is the manual to which he must turn for instructions in its operation.

The College of Physicians and Surgeons of Chicago opens its doors to women.

LEADING ARTICLES

We solicit papers for this department from all our readers. They should be on Topics kindred to the scope of THE CLINIC, and not too long.

Contributors to this department are requested to furnish us with a recent photograph.

MORPHINISM: ITS TREATMENT.*

By William F. Waugh, M. D.

(PART IV.)

I APPROACH this part of my subject with reluctance; as it is difficult to give anything like a really clear idea of a treatment that will be applicable to the generality of cases. I have several times believed that my treatment was systematized, but it has proved that this was an error; the cases I had treated were exceptional, and the treatment that had succeeded with them proved useless in the subsequent trials made with it.



WM. F. WAUGH. The first essential is getting control of your patient. This must be absolute. Unless he will surrender to you the control of his morphine supply, you may as well stop right there; for you will not accomplish anything. In most instances I leave some morphine in my patient's possession, as he is apt to be nervous and panicky without it. It is a comfort to him to know that if he is too hard pressed he has the means of relief in his possession; and animated by that knowledge, he will ask himself the question whether he is really suffering more than he can endure, and conclude that he will "stick it out" a few hours more, then another hour, and another, until the crisis has passed, he falls asleep and awakes to find that the dreaded ordeal is past, and that he has gone through it by the aid of his own will. And

so he has learned the lesson of self-confidence; and in this we see the beginnings of that only true cure, that lies in the restoration of the power of manly self-control.

"Resist the devil and he will flee from you," says the great Book; and true it is that the tempter is but a cowardly bully when he is faced boldly.

But to some persons the possession of morphine is not a comfort but an annoyance. The thought of it will keep them awake; they will lie in bed thinking about it until the desire for it is too strong to be resisted. They are like the toper who would not buy a jug of whiskey to carry him over Sunday, because he could not sleep if he knew there was whiskey in the house. Such men voluntarily place their morphine in my hands, and say they will feel easier if they know they have none and can get none.

Besides this, the urine should be tested every day, that the surreptitious taking of the drug may be at once detected. I drop a grain of Merck's neutral chloride of iron into the urine; the depth of the green coloration will show the quantity of morphine that is being eliminated.

If, however, the powerful influence of hypnotic suggestion can be exercised over the patient, the course will be easy and agreeable; if not, there will surely be a struggle, an ordeal through which the patient must pass to win his freedom. Be not deceived; there is no shirking the conflict. If the patient declares he has been cured without suffering, the curative influence has been suggestion, or he is still taking morphine, or else he lies. I have had abundant experience of each.

The next step is to go over your patient thoroughly, and see what kind of a man he is. Examine him as to his general physique, and then review every function of his organs. Quite often you will find a state of debility that requires reconstructives at once; and it is best to begin this

*This series of papers has continued through the first part of the year. Back numbers sent to any address for ten cents each.

treatment before seriously attacking the habit. Add to this the efficient treatment of anything that may be found out of order, no matter how inconsequent it may appear. I can give no specific directions here; the skill of the physician can alone guide him.

In every solitary case the bowels are packed with feces. Give ten grains of calomel or twenty of blue pill, followed by an Eclectic hepatic or a tablespoonful of Melachol, repeated every hour or two until the bowels have been thoroughly emptied. An enema or two of hot water, passed up beyond the sigmoid flexure, will aid materially.

Having emptied the alimentary canal, keep it clear by the cathartics mentioned, and render it aseptic by the use of whatever intestinal antiseptic you prefer. From six to twelve of the W.-A. tablets daily will accomplish this object, and must be continued throughout the whole course of treatment, giving just enough to render the stools inodorous.

Keep the patient as quiet as possible, preferably in bed, as the distress is brought on or aggravated by exercise. Let the food be such as the patient prefers, light, nutritious but digestible, with an abundance of fresh fruit juices and of salt. Have a capable attendant ready at all hours of the day and night to give a hot or cold bath, with massage, whenever the patient's restlessness demands it. Pain, burning and nearly all the real suffering, went out when intestinal antiseptics was instituted, but there remains the nervousness, sense of "gone-ness," the "new" or naked sensitive feeling, which is largely suggestive and is best relieved by hydro-pathic measures.

The cold bath is best reserved until the crisis is over, when the patient has had no morphine for forty-eight hours. Then the cold shower, douche, plunge or pack, will bring about reaction better than any other remedy.

The cold bath should be so administered as to bring about reaction—a quick plunge into the tub and instantly out again, followed by brisk rubbing, slapping, hot drinks, such as capsicum tea, and wrapping in warm blankets. The first drug-free sleep usually comes after such a bath.

The morphine is to be reduced as rapidly as the patient's condition allows. Young and sound individuals, and the self-indulgent whining weaklings, should be cut short off; but with older or broken-down men, one must be most careful and most merciful.

When the reduction begins to be felt, one or another of the special agents may be employed to mitigate the suffering. Codeine is hardly of value except where its use is gradually substituted for that of morphine. The same may be said of narceine and of cannabis indica. The bromides interfere with digestion, causing an extraordinary fetor of the breath, so that they do more harm than good.

Physostigmine gives the most perfect relief in some cases, especially those showing passive congestion of the face, with dilated capillaries.

Strychnine relieves others singularly, especially when the relaxation and debility are great. This drug must be given in doses that will produce their effect, no matter how large; but some cannot bear more than gr. 1-100 at a dose.

Quinine, in doses of gr. x—xl, daily, also relieves some cases; but I have not been able to specify them.

To secure sleep we employ hyoscine, gr. 1-500—1-100; Trional, gr. xx; Sulphonal, Chloralamide, and generally fall back upon a mixture of chloral, calcium bromide, lupulin and aconite.

The heart must be watched constantly, and any evidence of weakness or irregularity met by digitalin, sparteine or cactus, in sufficient doses. These drugs then produce sleep better than the regular hypnotics.

Never give a second dose of hypnotic the same night; if you do the patient will never again fall asleep till he has had his second dose.

Change the hypnotic nightly.

As general tonics, hydrastis, cinchona, avena, passiflora, arsenic and iron, may be variously combined. Arsenaurol is said to remove the desire for morphine when used in full doses.

I shall have something to say at some future time concerning the after-treatment of these cases and the causes of relapse.

103 State St., Chicago.

CHRONIC FUNCTIONAL UTERINE DERANGEMENTS.*

By W. L. Coleman, M. D.

(PART III.)

THE Elixir of Helonias Root Co. (R. C. & A.), spoken of in my last, was said to contain helonias dioica, thirty grains; viburnum opulus, mitchellia repens and caulophyllum, ten grains each to the fluid ounce, and was an excellent combination of uterine tonics and calmatives; but its efficiency would have been greatly increased by the use of viburnum prunifolium in place of viburnum opulus.

This has been, in some respects, surpassed by a more recent preparation, called Buckley's Uterine Tonic (A. A. Co.); in which the active principles of the agents are used instead of the old galenic preparations. But I never favored complicated prescriptions much under the old method, hence my enthusiastic reception of dosimetry and the use of the alkaloids, by means of which I could combine my remedies to suit the indications in each particular case, and leave them out successively as the "desired effect" of each was obtained. So, when I failed to obtain a supply of the elixir, I was accustomed to write fl. ext. viburnum, five ounces;

simple elixir, one ounce. Direct: A teaspoonful, *ter die*, or every two, three or four hours as directed; and take a pill of extract of hyoscyamus and nux vomica, of each one grain; asafetida, three grains; oil of sassafras, two drops, whenever pains or cramps were severe. The combination of this powerful agent, hyoscyamine, in a general prescription, or with remedies that are to be taken continuously several times a day, is my sole objection to the B. U. T., for it is only needed occasionally in cases of the kind under consideration, as well as in dysmenorrhea and other spasmodic uterine disorders, and three or four doses of 1-250 grain are sufficient to produce its physiological effect when given often enough to relieve uterine spasm or cramp, the only indications, I think, calling for its use.

Let me illustrate my treatment under the old and the new method by detailing a case or two treated according to each.

In 1883, Mrs. W., aged thirty-nine years, consulted me for the relief of what she called irregular and at times too profuse and painful menstruation. She had been married nineteen years and had given up hope of offspring, as she had never conceived to her knowledge. After obtaining a full history of the eccentricities of the menstrual function during those years, and a critical examination into the condition of the generative organs, I announced that pregnancy then existed and the womb was beginning its efforts to throw off the product as it had been doing every three or four months during her married life.

This diagnosis brought forth expressions of surprise and incredulity, and it was some time before I could convince the lady I was in earnest. She was having every hour or two what she called cramps, that she said always preceded the flow for several days, at those periods where she had missed, on account of "taking cold" as she supposed.

I gave fluid extract of viburnum pruni-

*The foregoing parts of this series are papers of exceeding value and CLINICS containing the same will be mailed to any address on receipt of ten cents each.

folium, five ounces, simple elixir, one ounce; to take a teaspoonful every two hours; and told her to maintain the recumbent position, refraining from every exertion till all pains and cramps had ceased. As they were increasing in severity I gave her three pills, each containing extract hyoscyamus, one grain; morphine sulphate, gr. 1-8; oil of sassafras, two drops, one every two hours till relieved.

It required them all and twenty-four hours time to subdue the irritability of the womb. As she was then ten or twelve days past the period I thought it safest to continue the viburnum without intermission, four times a day, till the next term. My usual practice was to discontinue it as soon as a period was passed safely, and to renew it a week or ten days before the next period.

In this case, in spite of its continuous administration, pains came on suddenly at the next menses, without any apparent exciting cause, and were soon so severe that I ordered a rectal enema of *lac. asafetida*, one ounce and tincture of opium, forty drops. This was retained, causing an interrupted sleep of twelve hours, from which she awoke free from all pain or discomfort, except the slight nausea caused by the opiate, which soon wore off.

The next period was passed safely under the influence of viburnum, which was taken as a precaution during each subsequent period till the term was completed, when she gave birth, after a rather tedious and difficult labor, to a ten-pound male child. She has never had any difficulty since, and has given birth to three other children.

April 10, 1896, Mrs. A., aged twenty-six, married six years, with a history of a miscarriage at the third month during the first year. She had never been pregnant since to her knowledge, but her menses had been irregular and painful every three or four months, at which periods she suffered intensely with migraine. It was for the relief of this and of intolerable nausea and vomiting that I was called.

Being satisfied that pregnancy existed, though she was just as confident that it did not, and thought she would be relieved if the flow was established, I directed my efforts to relieve her present sufferings and also to prevent an abortion. I gave one granule of hyoscyamine, grain 1-250, and cerium oxalate, one grain, every fifteen minutes to control the vomiting; at the same time applying a chloral plaster, 4x6, over the stomach; in order that its anodyne and revulsive effects might aid in allaying the irritability of that organ.

It was fully an hour before any effect was perceptible, as the stomach rejected everything at first, but as soon as it would retain the granules, I gave one each of aconitine, caffeine and gelseminine, every half-hour for the distressing cephalalgia; and as soon as she began to experience relief I added one each of viburnin, caulophyllin and macrotin every hour, for the uterine pains.

In a few hours she was comfortable, and the womb quiet. As a precaution the viburnin and caulophyllin were continued, two granules of each three times a day till the next period, and being very anemic and weak I gave three granules each of iodoform and iron arseniate, grain 1-6, with two of hypophosphite of strychnine, three times a day.

Her appetite and strength improved rapidly and in three months she had gained fifteen pounds. The viburnin and caulophyllin granules were ordered taken, two each four times a day, for a few days preceding and during the next three periods, with a granule of hyoscyamine or atropine sulphate if the womb showed any more rebellious symptoms. She experienced no further trouble and in November became a happy mother.

This case was a little out of the regular order and made the alkaloidal treatment a little more complex than usual, on account of my having to contend with a double reflex irritation from the pregnant womb upon the brain and stomach; but these

same conditions aided me greatly in making my confident diagnosis that pregnancy of a month or six weeks then existed, and this was subsequently confirmed by the result of the case.

I have treated a great number of these cases of habitual abortion with the alkaloïds with uniform success, but have no stereotyped line of treatment, and treat each case according to the indications, using a number of remedies which I have not mentioned. But the foregoing is as near an outline of general treatment as I can give. It is simple but effective, for simplicity is power and perfection, and constitutes the beauty and strength of dosimetry.

In the treatment of the derangements of menstruation, such as amenorrhea, dysmenorrhea, menorrhagia, etc., my success has been phenomenal; and among the unmarried I have not had a single failure, for ninety per cent in this class of patients are of dynamic origin and the proper alkaloïds act like a charm in relieving this condition.

When the cause is organic, resulting from uterine displacements, Campbell's simple method of reposition never fails to relieve if practised faithfully.

Of course when the cause is from the obstruction produced by a fibroid tumor in the os or cervix, a little surgery becomes necessary, but this is of rare occurrence.

Navasota, Texas.

—:O:—

Dr. Coleman has given a very valuable hint as to the frequency of early abortion in those who believe themselves simply suffering from dysmenorrhea. It should be "minded," as Father Epstein says. Otherwise, note that the dosimetric idea leads to the use of single drugs for specific indications, except where experience has approved of certain happy combinations, such as Dover's powder, B. U. T., and the dosimetric trinity.—ED.

MASSAGE IN TREATMENT OF FRACTURES.

By C. E. Ide, M. D.

ONE of the contributors to the CLINIC has requested that others record their experience with massage in the treatment of fractures. This is a well-recommended procedure in the handling of these cases, and the subject has recently been agitated more than ever.



C. E. IDE.

In treating this class of cases the future usefulness of the limb must always be foremost in the mind of the surgeon, as well as present comfort and promptness and thoroughness of repair.

Nature performs a wonderful work in restoring to perfect continuity and thorough usefulness a limb, or other part, rendered temporarily useless by the accident of fracture. It is in our power to bring our knowledge of histology, pathology and the processes of inflammation and repair to use in assisting nature in this work. It is equally in our power to handicap her and retard the perfecting of the unseen work.

In the first place, after the fracture is reduced as perfectly as can be, we desire to preserve quite thorough apposition of the fractured ends of the bone or bones, that nature may readily institute that process by which the bones are united, and by which the break is made later to disappear, as though no lesion ever existed. This we do by the use of splints or plaster of Paris dressing. Then we have done enough in that direction, and we must be careful lest we retard the process by too long immobilizing the member and rendering sluggish or imperfect the circulation of the blood, by means of which are brought to the part those elements which are to be appropriated by its cells and utilized in the process of repair.

Our watchword, then, in treating frac-

tures is: Do not leave the retention apparatus too long in place.

This matter being attended to we must turn our attention to offering to nature for her assistance such aid as the study of surgery has developed throughout the centuries. Nor must we be one whit behind the attainment of the last moment in time, whatever our age, or condition, or residence.

If we perform our whole duty to each patient who has been unfortunate enough to suffer fracture of a bone, we shall get him up and about at the earliest moment which is consistent with thorough repair, complete usefulness and normal appearance.

The treatment of ten years ago or of one year ago is not that which should be applied, provided an advance has been made during the intervening time. Advance has been made. We get our patients around much sooner now than we formerly did, and one aid to this is the massage spoken of above.

There are needed, then, for perfect result in the treatment of fractures, complete rest and immobilization at first, then, at the proper time, aids to circulation and repair. When we have secured thorough apposition of the fractured ends of the bone or bones, under anesthesia, if necessary, we should know just how long the permanent dressing should remain on; and, when this time has elapsed, should fearlessly remove the same and begin with passive motion, douching, massage and any other expedient which it is best to bring into use. These hasten repair, remove effete matter, freshen and enliven every cell, bringing to it such pabulum as it needs to convert into true bony tissue—lime-salts, etc.

One thing to be thought of in this connection is such diet and medicine as will give to the blood more than the ordinary amount of calcium salts. This done, in connection with the passive motion we

should never neglect massage. This can be performed over any fractured bone at proper time, with untold benefit to the patient.

I will report three cases which come prominently before my mind at the present moment: The first was a little girl, Eleanor B., aged five, who was brought to me by her mother on July 10, 1894. Over a month before, she had fallen from the front steps of her home to the walk, and sustained a green-stick fracture of the right radius, at the junction of the middle and lower thirds. She had been taken to a physician, who would probably have taken pride in claiming to belong to the old school. He had "put up" the limb in an angular splint which was intended for the treatment of fractures at or near the elbow joint. The end of the splint reached down as far as the region of the fracture, allowing the distal portion of the fractured bone to drop down over the edge of the splint and sling. The limb was left in this condition for one month, never being even looked at in that time.

At the end of thirty days the "surgeon" called and took down the dressing, only to find widespread dermatitis with spots of gangrene over nearly the whole area covered by the splints, and a deformity in two directions—a bending outward at the point of union and a twist of the hand and distal end of the forearm forward and inward. The skin was treated with dermatol and then the case was turned over to me.

I did the only thing which remained to be done—administered an anesthetic (ether), refractured the bone, put up the forearm in splints and saw the child every day. The splints were loosened every day to watch for points of excessive pressure (this should be done in all cases in children) with consequent arrest of circulation, replaced, and at the proper time, the end of ten days, began passive motion and massage. By the time that the bone was well united, with axis and curvature and func-

tion normal, the muscles were somewhat atrophied, so that it was necessary to employ electricity. I record this mistake and its correction for our instruction and on account of its strong bearing on our subject.

The next was a case of Colles' fracture. A lady, Phebe S., aged fifty, fell on an icy sidewalk on November 30, 1895, and came to me a few moments later. I found a Colles' fracture, together with fracture of the styloid process of the ulna and dislocation of the trapezoid and os magnum. This was "put up" in plaster of Paris, and left so for ten days, the fingers being moved every day. Then the dressing was "taken down" and an Unna's gauntlet applied.

This latter was on the next day cut through along the radial border, and arranged so as to be laced up each day after being removed for treatment by passive motion and massage. The stiffness from adhesions, which we always get in these obstinate cases, and which sometimes persists in spite of everything for as long as a year, disappeared under treatment by massage, and the woman returned to her work as a seamstress at the end of nine weeks.

The third case is that of a man, Andrew D., aged thirty-five years, who on November 10, 1896, fell from the hay-loft of his barn to the floor below, striking on his left elbow.

I was called immediately and found the following: Preglenoid dislocation of the left humerus, fracture of the left clavicle, at the junction of the outer and middle thirds, dislocation of the anterior end of the first rib, and green-stick fracture of the second and third costal cartilages on the same side.

The shock of the fall produced a temporary paresis of the bowels. This was manifested later in the day and was soon remedied. The dislocation of the humerus was reduced according to Kocher's method.

The fractured ends of the clavicle were brought into apposition and strapped with adhesive plaster. The end of the first rib was gotten into place, and the two cartilages were flattened out and all were strapped. Then a Sayre's dressing was applied to hold the arm and forearm quiet. The man was kept flat on his back for a few days. Then he got up and passive motion and massage were begun by the tenth day. At the end of the third week the dressing had been removed, and he returned to his work delivering milk.

At the end of a month function was perfect, with no stiffness, and he has had no trouble since.

There were no other complications excepting some little soreness, presumably of the pleura under the damaged ribs, no dullness, no friction rub, no rales.

For the pain at the fracture of the clavicle the first night, an ice-bag was all that was required.

These cases are good examples of my experience with judicious early massage and passive motion in fractures.

226 Peabody St., Buffalo, New York.

RATTLESNAKE BITE SUCCESSFULLY TREATED.

By J. B. Ashford, M. D.

MALE, aged twenty-three years; bitten at 4 a. m. Medical treatment commenced four hours later. Location of the bite, one inch in front and above the right ear.

First, the parts were shaved, then bled by incisions and slightly burned with caustic. Brucine, gr. 1-134, three granules were given, followed by four in one hour. Before the bite was dressed a good drink of whiskey was given, followed hourly during the first day. Slight emesis occurred once during the first afternoon.

About four hours after treatment com-

menced, consultation was obtained with Dr. Boyd Carrick, of Knickerbocker.

Treatment continued as follows: Strychnine sulphate, gr. 1-60, hypodermically, followed by subcutaneous injection near location of the bite of two per cent solution of potassium permanganate, followed two hours later by two drops of digitalis hypodermically.

Swelling became severe over right eye, cheek, throat and thorax.

Second day the left cheek became very much swollen and the left eye nearly obscured.

Until the third day there was soreness and tenderness present from the swelling over the heart, stomach and throat; there being no severe pain from the effect of the bite at any time.

Second night, used one wet cupping and obtained about one ounce and a half of dark blood, which had the effect of reducing the swelling in the right cheek and eye. Patient was much improved in the morning.

Treatment was continued as follows: Nux vomica alternated with digitalin, gr. 1-134, three at one dose; whiskey continued at intervals in small doses. Spirits of hartshorn by inhalation relieved the breathing and cough; sleep often followed its use. Distilled extract of hamamelis was used as lotion on cotton lint, for the swelling. A small quantity of nourishment was taken the second night. Patient's appetite became normal the third day and continued so until recovery. Action of the bowels and kidneys remained normal during the entire time.

The patient was not unconscious from the treatment or the effects of the bite—seemed quite hopeful when awake. When the patient moved it was necessary to support the head until the third day. The fourth day he was able to sit up and walk about the room.

The lowest pulse-rate was 72; highest, 100; temperature normal, except the sec-

ond evening, when it reached 102°; third evening, 101°.

I administered the following: Digitalin, gr. 1-134, four granules; aconitine, gr. 1-134, one granule; for one dose, with desired effect each evening.

Preliminary treatment within the first hour after the bite, slight bleeding by incision, local application of turpentine and a poultice of tobacco-leaf.

Recovery is now complete, it being seven days after the bite.

Sherwood, Texas.

—:O:—

Dr. Ashford records his case with laconic terseness; says his say and stops. His treatment is heart-tonic; and it seems very doubtful if the permanganate was of any use. The doses of strychnine were very small, but large enough for this case. I would not hesitate to go much higher if necessary.—ED.

HOW TO HYPNOTIZE.

By Sidney Flower.

HYPNOTISM is a very simple thing in its first principles, but no man knoweth the limits of its power. If it began and ended with inducing sleep in a patient, it might then be looked upon as an agency to be occasionally made use of, but since the chief value of hypnotism lies in the effect of the suggestion given during the drowsy or sleep condition, we have no means of determining how great may be the advantages thus secured by affecting the mental attitude of the patient with respect to his present disease, and possible returns of the same condition.

As readers of the CLINIC are probably aware, hypnosis is a special state of mind brought about in the individual by suggestion, and it has been found that the quickest, surest way of inducing this special state of mind is by suggesting sleep. Thus the idea has always been to suggest sleep first, and then to develop

the state known as hypnosis, which consists, according to Bernheim, in "a special receptivity of the brain to suggestion." This is the best definition or explanation which has hitherto been given us, and is generally adopted. Hypnosis, therefore, is not sleep, but it is closely allied to that condition; so closely that by the exercise of patience natural sleep can be successfully converted in most cases into hypnotic sleep. There are many degrees of natural sleep, but they have not, so far as I know, been accurately classified.

There are many degrees of hypnotic sleep, and they have been classified as varying from simple drowsiness to profound lethargy. Liebeault puts the difference in this way: "In natural sleep the person is in relationship with himself alone, and noise therefore wakes him. In hypnotic sleep he goes to sleep with his thoughts fixed upon the operator; he is in relationship with him." He might have added to this, that because of that relationship the sleeper did not rouse himself sufficiently to wake up when the operator spoke to him. There was no shock to his current of thought; he expected to be spoken to, and therefore did not wake.

As many diseases may be aggravated by the mental condition of the patient, so many diseases may be induced by the same cause, and equally, may be relieved and cured by mental treatment. If this were not true there would be no such thing as faith-cures; no such thing as Christian science, no such thing, probably, as osteopathy. But physicians are compelled to admit, though they naturally grudge the admission, that these sects make occasional cures which are startling. Stripped of all mystery and foolishness this points to the fact that there is in man a power, of which he is not normally conscious, to throw off diseased conditions of the nervous system, and that this power has its seat in the mind, and is most easily roused to activity by the suggestions or words of another person.

Hypnotism is the best application of this force or power, because it can be most generally applied, and is the most powerful in its effect, *i. e.*, rouses this power to its most effective action. In order to induce the condition of hypnosis, take a patient suffering from insomnia, dyspepsia, constipation, stammering, chronic muscular rheumatism, or any other nervous disease, and seat him in a comfortable chair (a surgical chair which will admit of his being placed at a comfortable angle is good); tell him to fix his eyes upon you and assert that he is going to sleep. He may expostulate that he cannot sleep in the daytime. Inform him that sleep at night is very much in the nature of habit, and that he may, if he will make himself quite passive, cease analyzing his sensations and take the trouble to learn, go as sound asleep in that chair as he ever did in his bed.

Assert that his eyelids are already showing symptoms of closing. He may open them the wider. Keep suggesting that the lids are closing; that a feeling of weariness is coming over him, that in a little while he will be compelled to close his eyes; suggest that he is resting comfortably and quietly; make him look steadily and persistently into your eyes, the effect of which will be to induce fatigue of the muscles of the eyelids; tell him that his mind is resting, and quieting down to one thing, sleep; suggest that his hands and feet are getting cold, that the blood is leaving his head, that his forehead is becoming cool and that his arms and legs feel heavy; assert quietly but positively that sleep is coming; that he is not an exception to the general rule; that he must sleep as others sleep; just as soon as he has learnt how it is brought about. Go back now to the earlier suggestions, and repeat that his eyelids are coming down over the eyes; that he is feeling a sense of complete rest and drowsiness, and add the command "Sleep!"

Bernheim says that this word alone often turns the scale. It has always had

the effect of impressing any persons upon whom I have seen it used, but in the case of beginners, or persons hypnotized for the first time, it is rarely successful. The monotonous repetition of the assertions given above, rung in endless variations, has the power of "insinuating the idea of sleep into the brain." This is all that is necessary for the effect to follow. Whenever a patient believes that he is asleep, he sleeps.

Many operators make use of a bright object, upon which they request their subjects to fix their attention. This induces speedy fatigue of the eyelid, and when it is used in connection with the verbal suggestion given above, it is often efficacious in bringing on a quick sleep, but the detailed method alone will be found to be invariably (partially at least) successful. It is only necessary to induce drowsiness in order to give therapeutic suggestions with telling effect. If this drowsiness deepens into sleep, so much the better.

The general opinion is that a hypnotized person will get out of his chair, do all sorts of things, talk and laugh, and forget all about it when he wakes; furthermore that he is insensible to pain and that his body can be made cataleptic.

Another general opinion is that hypnotism is all humbug. The truth lies exactly midway between the two.

Hypnotism is a fact, and must be reckoned with as surely as the effect of the mind upon the body must be reckoned with by the up-to-date physician. But this article is already too long.

Chicago, Ill.

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Mr. Flower has given very clearly the technique of the hypnotist, and that is what we all want. So much depends on the personality of the operator that some will fail with the method that others use successfully. If one tries it as an experiment, doubting his own power, he will suggest that doubt to the patient instead of suggesting sleep to him.—ED.

CATARRH.*

By John E. Bacon, M. D.

(PART IV.)

NASAL growths are responsible, alone or coincidentally, for many of the symptoms of "catarrh," especially for partial or complete obstruction and for mucoid or muco-purulent discharge.



J. E. BACON.

The ordinary nasal polypus is a growth composed of myxomatous tissue, sometimes having an admixture of fibrous elements, in which case it is of the so-called mixed variety, and is easily recognized by the precise methods of investigation before described. The diagnosis must be made from fibromata, papillomata, cysts, and certain sessile or moriform protuberances of the turbinated bodies which are made up largely of blood-vessel elements but which are hardly true angiomas. To these growths the term "turbinal varix" has been applied by Lennox Browne of London, in whose work on Diseases of the Throat and Nose a complete description of them may be found. True angiomas are rare in this situation but must be borne in mind, as the removal of one by the ordinary methods would involve one in what might be a serious matter, as the hemorrhage from these is very difficult to control. Sarcoma and carcinoma in this region are attended with grave systemic as well as local symptoms and cannot be confounded with polypi.

The appearance of the nasal polyp is that of a glistening translucent body occupying some of the space between the turbinated bodies and the septum or that between the bodies themselves. They are usually pedunculated and are freely movable with a probe and often may be seen to move back and forth during forced respira-

*This fourth part of Dr. Bacon's series continues the very interesting subject of catarrh in a way that should be helpful to all our readers. New subscribers wishing to date back to the beginning of the year will get the series. Others may have it on receipt of ten cents per copy.

tion. They originate from the mucous membrane covering the turbinated bodies, most often from the middle turbinal, next often from the inferior turbinal and least often from the superior turbinal or the membrane above the middle turbinated bone. In the latter situation involvement of the posterior ethmoid cells should be suspected.

Polypi never originate from the septum. A fibroid has a fleshy look, is often dimpled or lobulated in appearance, they bleed readily on touch and epistaxis is a common symptom which calls attention to them.

Papillomata are hard to the touch, small and rough looking, never glisten and originate almost exclusively from the septum. Cysts are often indistinguishable from polypi and the treatment is the same. The diagnosis will be made when the contents are suddenly evacuated during attempts at removal, and they have scant tendency to reform. A turbinal varix occupies the posterior third or fourth of the inferior turbinal and is either of a deep red color or of a dirty gray. They are of globular shape and are hollow or cavernous and the cavity is continuous with the large vessels of the nose. To snare them rapidly away will always produce severe and alarming bleeding which the operator must be prepared to meet. The proper way of extirpating these growths will be described in a later paper on Operative Surgery of the Nose.

The most important etiological factor in the production of nasal polypi is continued irritation about a certain point, and the fact that a very large percentage of all polypi find their attachment in close proximity to the hiatus maxillare leads to the belief that chronic discharge from the antrum or frontal or anterior ethmoid cells has much to do with the irritation which results in a growth. Polypi may be caused by degeneration of a relaxed and œdematous membrane, as seen in certain cases of hypertrophic rhinitis, and it has been stated that hay-fever sufferers who were known to

have been free from the growths have developed them as a consequence of the excessive watery secretion and frequent forcible sneezing. A relaxed and œdematous membrane is always liable to undergo myxomatous degeneration.

Polypi of the naso-pharynx are quite rare and when they do occur they are usually of the fibroid nature, and true fibromata often occur in this situation. The writer once removed from a lad of eleven years a naso-pharyngeal fibroid weighing seven drachms, and now after three years there is no sign of recurrence and the patient is perfectly free from "catarrh." Polypi are more frequent in males than in females and occur at all ages after puberty, before which age they are quite rare.

The symptoms are those of obstruction, which may be unilateral or bilateral, discharge from one or both anterior nares is usually observed, and "dropping in the throat" is a constant complaint. Chronic pharyngitis is common and chronic laryngitis is not uncommon. Sneezing, usually paroxysmal in character is common. Nasal polypi have been found associated with bad cases of asthma and in many instances the removal of the growths has resulted in a complete relief of the asthma; and in every case of asthma a thorough examination of the nasal organs should be made. It is well to be cautious in expressing the chances of benefiting the asthma even when the polypi are found, for the connection between the two conditions is, as yet, but imperfectly understood; and in some instances most careful and persistent treatment of the nasal disease has failed to relieve the asthma and great disappointment is the result of failure. Aphonia when sudden should always excite suspicion of nasal irritation, and a polypus is frequently found to be the cause.

Treatment can be successful in but one way and that is the prompt and radical removal of all the growths. After that careful observation should always be made

to determine the original cause for the development of the tumors. Antral disease should always be thought of and all the openings from the various sinuses should be patiently watched for signs of suppuration within. Unilateral polypi and one-sided discharge of pus are pathognomonic of sinus disease.

Polypi are removed by means of the snare, forceps, galvano-cautery loop, caustics, spoke-shave or curette, and treated with astringent applications according to the preference of the operator. The writer believes that caustics are useless, the curette and spoke-shave inefficient, the galvano-cautery loop dangerous, forceps except in peculiar cases barbarous. The forceps belongs to that era of surgery when for the relief of nasal obstruction a strong pair of forceps was thrust up the nose, something seized and twisted or roughly torn away. If it proved to be a polyp, "brilliant surgeon;" if it proved to be a turbinated bone, "so much the better."

The instrument of precision for this work is the cold wire snare. Bosworth's model or some similar pattern, armed with No. 5 piano-wire, is the kind preferred by the writer. Under full illumination the chamber is carefully sprayed out with the antiseptic alkaline spray and cocained by mopping the region to be attacked with a four per cent solution of the drug. The oval hard-rubber operating speculum is introduced and the part brought into view.

Now with a silver probe the size, shape, and attachment of the growth is made out as nearly as possible and the wire loop is passed very carefully into the nose and under the growth; now by care it can be made to slip up over the polyp and by a gentle sawing motion, meanwhile alternately drawing in and pushing out the loop of the snare a very little, it can be coaxed up toward and oftentimes clear to the pedicle; now the loop is drawn tight and at the same time steady traction is made and the growth is really torn rather than cut

from its site. This is better than to so tighten the loop that the wire will cut off the growth, for the wire very often cannot be adjusted to the very origin of the growth and by this method it is usually brought away entire or nearly so.

Free bleeding will occur which will soon cease, and after cleansing the chamber the procedure may be repeated if more polypi are seen. It is customary with many good operators to immediately apply the galvano-cautery to the site, but the writer does not advise this, for the reason that under the free hemorrhage the site of the growth is often so obscured that accuracy is impossible; and then too, it is not advisable to add to the traumatism of the operation such an irritant as that at the same time, as serious inflammation may be thus set up.

The cautery may be applied at dull red heat some days later to the small raw spot left after the operation, but always with care and moderation; for the middle turbinal will not stand cauterizing as will the inferior body. The glycerite of iodine may be very properly and advantageously applied to the region for some weeks at tri-weekly intervals, and will accomplish more in the way of regeneration by moderate stimulation than can be done by wholesale destruction.

The use of the galvano-cautery loop in removing ordinary polypi cannot be advised on account of the difficulty in limiting its burning to the growth proper; and because of the serious consequences which attend too free cauterizing in the middle meatus, where most polypi take their origin.

Curettage with a small sharp spoon is often a very useful operation in cases in which recurrence persists after several removals. It should be done thoroughly and all the diseased membrane at the site of the growth should be removed. The after-treatment of all these procedures consists in daily spraying with a warm antiseptic solution and a careful cleansing of the nose, followed by a dusting powder of

Aristol or Europhen with stearate of zinc, or any powder which has a protective and antiseptic action on wounds.

Too frequent spraying or douching after the healing of the operative wound is complete should be avoided, as too much water in the nose has a relaxing effect, and would favor the tendency to recurrence, often so troublesome.

79 Niagara Square, Buffalo, N. Y.

APPENDICITIS.

Calopodium and Caramel.

By D. F. Cecil, M. D.

I WAS called to see Miss H., aged nine years. Her father very positively stated that he had a case of pneumonia at his house, and having heard that I was very successful in such cases wanted me to treat his little girl.

Well, I am fair to good when it comes to the treatment of pneumonia, but when the array of signs, symptoms and a train of morbid sympathies presented by my patient, confronted me, I was staggered!

January 19, 1897. Temperature 104° ; pulse 128, full and bounding; tongue red, contracted, moist and protruded with apparent difficulty; frontal headache; legs aching, with dull pain in ileo-cecal region, made very acute by moving; a very painful tumor at this point quite as large as a ball of six inches in circumference, oval in shape; right leg flexed. She preferably laid on her back with both thighs flexed. Bowels constipated. Had not eaten anything since taken sick, then two days; her attack having been ushered in by a chill, with chilly sensations notwithstanding high temperature. Urine scanty and dark brown; cough sympathetic without lung lesion.

Her cheeks, especially the right, presented livid red blotches running from near her eyes to the lower border of the cheeks, giving her the peculiar hectic blush of typhoid pneumonia of the swamps of the South.

Appendicitis is not a fashionable disease in Dixie's sunny land, and I blushed at my own diagnosis—"Appendicitis!"

I turned to the quiet little mother who was quizzically watching me, and asked: "Has the child eaten any grapes, cherries, berries or anything having indigestible seeds or skins?"

"No, doctor; she hasn't eaten anything since taken sick."

"Humph! She ate something before taken sick; what has been her diet as near as you can tell?"

"Meat, bread, eggs, coffee—oh! yes, Doctor, she has been eating blackberries."

"Right you are! and the seeds are irritating her bowels, as well as having that pneumonia your husband spoke of."

Do never put your "big professional foot" too heavily upon the diagnosis of the "dear people." You will be more popular if you agree with them generally.

Treatment: Cloths wrung out of tolerably hot water, kept warm with hot iron, over tumor. Medication: Calomel, four grains; podophyllin, two grains; ipecac, eight grains, and ammonium chloride to make two hundred grains. Of this I gave two grains every two hours.

Tincture of aconite, ten drops; phosphate of iron (6 x), ten grains; caramel, twenty drops and water to make four ounces.

A teaspoonful was given every half-hour while fever was high; every hour when light, omitting the drops at the regular time for giving the powder. The medicine was given regularly for about twenty hours, till my next visit on the following day.

January 20, 8 a. m. Temperature, 101° . Less pain; tumor softer and much smaller. Bowels have not moved, but seem so disposed. Gave tablespoonful of castor-oil as hot as bearable with five drops of turpentine; to be repeated if bowels fail to move from first dose. Stopped the powders; continued aconite, ferri phos. and caramel.

January 21, a. m. Bowels have moved

copiously, containing much berry seeds; temperature normal; tumor gone; patient fully well, except some soreness in the ileo-cecal region. Ordered rolled oats for diet. Continued aconite mixture at four hour intervals and dismissed the case; however, requesting to be notified if anything wrong should arise.

January 24, p. m. Passing to see other patients, I called on my appendicitis girl, and found her temperature kiting away up at 103°; tumor on again, but not so large and painful. The hectic blush was on her face at its fullest.

I turned to the mother and said: "Mrs. H., when I find a state of affairs like this, I ask myself, 'What's the matter with me, or my patient, or somebody else?' Your husband promised, if any thing occurred showing that this child was not doing well, he would let me know."

"Doctor, she has been doing splendidly till about half an hour ago when I noticed her cheeks beginning to flush. She was doing well when her pa left."

"Very good! No doubt but what you have done the best you could. Perhaps I am to blame for dismissing the case so soon. Has she eaten anything?"

"Yes, Doctor, she has been eating blackberries."

"Much?"

"Yes, a good many."

"Well, give her no more berries—nothing having seeds or indigestible skins. Give her rolled oats, malted milk, or cheese, crackers, or milk, sweet or sour, as she likes."

Treatment: I pursued the same line of treatment as at first; and, to use the father's expression, "the second stroke of the oar I landed her safely."

Her recovery was prompt and complete.

Of the formula containing calomel, let me say that it is not excelled by Dr. Woodbridge's "shot-gun" prescription, varying the amount of each component to suit the occasion. I frequently give it as noted in

the formula, from one grain every half-hour to ten grains from one to six hours; and I hardly ever omit it since I chose the combination. I frequently use more ammonium and less of the other components. By abbreviating the names of its parts I have called it "calopodium."

The other containing caramel, etc., I have used pretty extensively, at first using the caramel as coloring for effect, as the people do not like "water-clear" solutions. Speaking of this "colored solution" matter to a doctor some older than myself, he, in a pleased way, showed me an "innocuous" solution colored with lavender, remarking that the people require pretty medicines. I, as readily, told him that I used a solution of burnt sugar made by myself on my cooking-stove. A few days after that, I called at a house where the doctor had a patient. I hastily glanced at the medicines he had left and found them all right; and as I rode away, I laughed and I laughed and I laughed—for I had seen a solution in a goblet colored with "caramel!"

And he cured his patient—a very sick one at that; and perhaps caramel had something to do with the successful turn of the case; for I have long been aware that aconite is not a sedative as we give it, or caramel is a medicine. For I can do as much in thirty-six hours with burnt sugar as I can in the same time with tincture of aconite, when given to benefit my patient. Of course I could injure a person more with aconite, but I am not on that trend.

When we seek further for the medical properties and uses of burnt sugar, we shall find it a first-class antiseptic and germicide.

I am aware that burnt sugar has been recommended for chronic pulmonary diseases, hence I do not claim strict originality when I test it as a remedy. Curative properties aside, it makes a splendid placebo.

Nixon, Tenn.

ZINC SULPHOCARBOLATE IN THE TREATMENT OF GASTRO-INTESTINAL DIFFICULTIES.*

By John M. Shaller, M. D.

Professor of Physical and Clinical Medicine in the Cincinnati College of Medicine and Surgery, and Professor of Comparative Physiology at the Ohio Veterinary College.

SULPHOCARBOLATE of zinc is made by decomposing a solution of barium sulphocarbolate with zinc sulphate. In dosimetric medicine, it is prepared in granules containing 1-6 of a grain, and it can also be obtained in tablets containing one grain, or two and one-half grains.



J. M. SHALLER.

The older one grows in the practice of medicine, the greater will be the tendency to confine oneself to the use of a few tried and trusty remedies. From a small number of reliable medicines, rarely exceeding twelve, selected, during years of experience, from thousands of remedial substances, practical physicians make various combinations, by means of which they can alleviate suffering and cure disease. It is of great importance, in a successful medical practice, that the physician should have the utmost confidence in the remedies which he employs; and, not only must he have confidence himself, but he should also be able to instill his confidence into his patients; his success is then assured. One remedy, sulphocarbolate of zinc, has won the utmost confidence of the writer, through a very extensive experience. Living, as he does, in a large and crowded city, which, during the summer months, is one of the hottest places in the country, ample opportunity is offered him to test this preparation thoroughly, in the treatment of such diseases as cholera-morbus, cholera-infantum and diarrhea.

*This paper is a selection from the justly famous "Shaller's Guide to Alkaloidal Medication" and we reproduce it here for two reasons: first because it fits into the time and occasion; and, second, to give our readers an idea of what "Shaller's Guide" really is. We supply it together with a renewal to the CLINIC for \$2.00. Over 200 pages of clean cut, clearly expressed, practical information.

The heat of summer not only depresses the individual and lowers his power of resisting disease, but it also produces such changes in his food as render it unfit for consumption, and makes it a fruitful source of alimentary disorders.

Gastro-intestinal diseases are almost invariably produced by unwholesome food and drink, which cannot be properly acted upon by the digestive fluids and rendered harmless. They, therefore, undergo fermentation, evolve gases and form acids, which distend and irritate the gastro-intestinal canal, and produce pain, vomiting and diarrhea. If the irritation is severe, all of these symptoms may be present at the same time. Vomiting or diarrhea are the results of nature's effort to get rid of this decomposing food but, even after it has been expelled, there frequently remains an irritable condition of the stomach and intestines which may continue for days.

In the treatment of gastro-intestinal disease, the first symptom which requires attention is pain. If this is severe, and the patient is an adult, a hypodermic injection of morphine and atropine should be administered. If the pain is not severe three granules of zinc and three granules of codeine, gr. 1-6, should be given every half-hour. Three granules of zinc and one of hyoscyamine is also an excellent combination to be used for the relief of pain. When the patient begins to improve, the medicine should be given every one or two hours. A recently devised tablet (A. A. Co.), containing, zinc sulphocarbolate, codeine sulphate, and hyoscyamine amorphous, with strychnine sulphate, meets all these indications admirably.

If vomiting is the most prominent feature of the disease, so that even the medicine is rejected, a hypodermic injection of morphine and atropine will relieve this annoying symptom.

If this means is not used, the same result may frequently be attained by giving the patient small pieces of ice to suck, by

giving teaspoonful doses of lime-water, by applying a mustard plaster to the epigastrium, or by giving one-half grain doses of sulphocarbolate of zinc every half-hour. This latter remedy frequently checks vomiting with surprising promptness. The worst forms of vomiting and diarrhea are often cured by giving sulphocarbolate of zinc alone.

The diarrhea accompanying phthisis and typhoid fever are almost invariably checked, by taking doses containing one or two grains of this remedy, or the Zinc and Codeine Compound, every two hours. In typhoid fever, as suggested by Waugh, zinc is one of the best remedies to administer throughout the entire course of the disease; it prevents fermentation, checks diarrhea and renders the intestinal canal aseptic. Sulphocarbolate of zinc is one of the best and safest intestinal antiseptics and astringents with which we are acquainted. Its virtue as an antiseptic depends upon the carbolic acid it contains, which is rendered less irritating in this combination than in its pure state, while its astringency is due to the zinc in its combination.

Zinc is a remedy which should be given a trial in the treatment of all forms of diarrhea, but especially in those cases caused by fermentation as is shown by mushy and frothy stools. In intestinal indigestion, when pain and stools occur several hours after ingestion of food, one or two grains of zinc sulphocarbolate, given with each meal, frequently produce a cure.

But even this excellent remedy sometimes fails, as shown in one very obstinate and persistent case of diarrhea (the cause of which was not apparent) which resisted every kind of treatment; not only the older, "orthodox" methods, by means of bismuth, tannic and sulphuric acids, acetate of lead, opiates and salol, but even dosimetric treatment by means of zinc, copper arsenite, and others. Improvement began,

however, as soon as strychnine arseniate was administered and, from that time, the patient made a rapid recovery. Some remedy was required which could awaken and stimulate the dormant nerve-power and make it respond to medicinals. The diarrhea which best yields to strychnine is of the kind that may be called passive; the stools occur without any muscular action; they flow from the patient without his cognizance.

While sulphocarbolate of zinc is an excellent remedy in the treatment of the diarrhea of adults, its chief therapeutical value is manifested when used in the treatment of intestinal diseases of infants and children. The writer always uses zinc in the treatment of diarrhea, sometimes alone but, frequently, in combination with codeine or hyoscyamine. The case must be one of extraordinary severity which cannot be cured by these remedies.

In treating cholera-infantum and diarrhea of infants, sulphocarbolate of zinc should always be given in solution. It is a remedy which infants bear exceedingly well. A child a month old may be given a granule, gr. 1-6, every half-hour, or every hour and, strange as it may appear, it has not been found necessary to increase the dose for children under one year. The remedy is not poisonous, and it is not necessary to use the same precaution that must be used in prescribing dangerous medicines.

In excessive doses it acts like sulphate of zinc and, therefore, produces vomiting. When this occurs, it is an evidence that the dose has been too large and should be diminished. The following prescription will be found proper and useful in the treatment of gastro-intestinal disease in children under one year of age: Four grains of sulphocarbolate of zinc, or twenty-four granules, may be dissolved in twenty-four teaspoonfuls of water. A teaspoonful of this solution should then be given every half-hour or every one, two, or three hours,

according to the severity of the attack. If there is much fever, one or two granules of amorphous aconitine, gr. 1-134, should be added to the above prescription.

The vomiting, diarrhea and pain usually cease altogether or, at least, the patient is made to feel easier within a few hours. If there is very great pain, two, three or four granules of hyoscyamine should be added to the zinc solution and, as soon as improvement is manifested, a teaspoonful of the mixture should be given after each stool.

When hard lumps of undigested caseine are found in the stools, the diarrhea and pain are produced by the presence of similar masses within the intestines. Treatment should then be begun by giving a cathartic, either calomel, seidlitz salt or castor oil.

The patients should be fed on barley for a few days, but not on milk, because of the tendency of milk, in these cases, to form large coagulations. When milk is finally resumed, it is best to mix it with barley-water and to give pepsin with each meal. If the stools are green and contain mucus and blood, emetine and zinc are the remedies indicated. If there is much straining, and only small quantities of mucus and blood are passed, castor oil or seidlitz salt should be given and, when a normal stool is produced, emetine and hyoscyamine may be administered.

It is a strange and universal characteristic of adults, when suffering from gastrointestinal diseases, that no matter how much pain or diarrhea follows eating, they will still continue to indulge in their usual diet. Fried potatoes, pork, veal, ham and eggs fried hard, boiled cabbage, corn, tomatoes, cucumbers, sausage, cheese and coffee are among the most indigestible foods. Patients continue to partake of such a diet and yet they wonder why they do not get better.

With infants, a similar course is pursued; their usual diet is not persisted in, but it is

given in larger quantities because of the thirst of the patient. Neither do mothers hesitate to feed infants upon potatoes, corn and other indigestible foods. The great wonder is, therefore, not that so many infants die, but that so many of them live. The most potent of remedies used in the treatment of diarrhea, are powerless to effect a cure if patients indulge in an improper diet.

The selection of a proper diet is far more difficult than is the selection of proper medicines, and the best possible means to get rid of this vexed question is to order the patient to fast. The first thing which a patient, who is suffering from diarrhea, usually says is, "What must I eat?" The answer should invariably be, "Nothing," and the more completely the patient refrains from eating, the sooner will he recover. Physicians must impress upon their patients the fact that lack of food, for a few days, does not result in death by starvation, and that no possible harm can come from such abstinence. Infants frequently go for a longer period without nourishment, and it does not injure them.

When severe diarrhea is present, no matter how much food is swallowed by the patient, he is, in reality, without nourishment so far as digestion and assimilation are concerned. The food which is given him is treated by the stomach as if it were a foreign body; the digestive fluids are diminished in quantity and inferior in quality, and the food is either rejected by the stomach or passed out with the stools unchanged, and can be easily recognized. Food given under these circumstances cannot benefit the patient, but only adds to the difficulty.

How much more reasonable, then, does it seem, to withdraw all food for one or two days and give the stomach and intestines a rest. While the gastro-intestinal canal is thus empty the remedies applied are brought in immediate contact with the diseased mucous membrane, and are much

more effective, and more quickly absorbed than when mixed with quantities of food. When a patient's knee-joint is inflamed, he is, indeed, a poor surgeon who permits him to walk and run. When a patient's gastro-intestinal tract is irritable and inflamed, he is a very poor physician who permits these structures to be kept in action by vainly attempting to digest food. This attempt at digestion is just as irritating to the inflamed stomach and bowels as is walking to the inflamed knee.

What food, then, should the patient take who has diarrhea? For the first day let him eat no food of any kind. If thirst is intense, cold water may be given frequently in small quantities, or pieces of ice may be held in the mouth and allowed to melt. In treating cases of cholera-infantum, it is imperative to stop nursing the child for one or more days; when this is done improvement occurs rapidly. Infants should be given small quantities of water, or some aromatic tea made without sugar. Even in cases that are not severe they should not be allowed to nurse constantly, but only at stated intervals. They cry and fret because of thirst and pain, not because of hunger, constant nursing overloads their stomachs and only aggravates their condition. After one or two days of fasting, barley-water may be given, or barley-gruel, in which lamb or beef has been stewed. In making this gruel it is best to use whole barley, which may be ground in a coffee-mill; after being thoroughly boiled it should be strained before it is allowed to cool. This is the most easily digested of all foods and as nutritious as any. If adult patients tire of barley, the white of an egg should be stirred into a glassful of water and slowly taken. This may be repeated every three hours; smaller quantities may be given to children. This is easily digested, and is the representative nitrogenous food. As it is almost tasteless, adults and even children drink it without being aware that they are taking food.

Beef tea may also be given. If patients object to the extracts found in the market, an excellent article may be made according to the following receipt: One pound of lean beef should be chopped fine and put into one pint of cold water and allowed to stand for one hour, then the beef and the water should be placed over a slow fire and allowed to simmer for two hours, when the fluid should be poured off and enough water added to make one pint. To this sufficient salt must be added to make it palatable and the patient may drink it hot, or after it has been placed on ice. Oyster stew, made with or without milk, may also be given, but only the broth should be used. Chicken broth should never be given to those suffering from diarrhea; it very likely to aggravate the disease. In the feeding of infants, barley broth should first be tried, or some of the artificially prepared foods as "Malted Milk," "Wolf's American Food," "Liquid Peptones," or other preparations which the physician has found to be useful.

If cow's milk is fed to infants, it should be thoroughly sterilized, not only when given in cases of sickness but at all times. Lime-water may be added to correct vomiting, and barley-water to prevent caseine from forming into hard masses. Toast is the only form of bread which should be allowed those who have diarrhea. In the process of toasting, some of the starch is transformed into dextrine and sugar, and the starch granules are ruptured, which makes digestion easier. While the majority of cases of diarrhea can be cured by a properly selected diet, or, rather, by fasting and the administration of medicine, there are a few cases which cannot be benefited by these means alone, but require absolute rest in bed. It is a good plan, when diarrhea continues unabated for one week, to put the patient to bed. Rest is an extremely useful auxiliary in the treatment of bowel disorders.

Besides the important part which sulpho-

carbolate of zinc plays in the treatment of gastro-intestinal diseases, it has been used as a wash in surgical dressing to prevent septicemia. It is the one remedy used by the writer in the treatment of ulcerative stomatitis. If there is much fever, aconitine is added to a solution of zinc as follows: For a child of two years, four grains of zinc and three granules of amorphous aconitine, gr. 1-134, are dissolved in three ounces of water, and a teaspoonful is given every half-hour or every hour. Topical applications may be made in severe cases, using ten grains of the zinc to an ounce of water.

As an injection for gonorrhea or leucorrhea, in the proportion of one to three grains to the ounce of water, it will be found to be an effectual remedy after the acute inflammatory symptoms have subsided.

Cincinnati, Ohio.

—O:—

We have always looked upon this paper as a model of applied therapeutics. While much more of course could be said on the subject of zinc sulphocarbolate, yet little more need be said to start the physician in its intelligent use. Dr. Shaller assumes properly that he is speaking to educated men who, when an idea is once presented, are able to grasp and elaborate it; and scattered throughout the paper, in Dr. Shaller's inimitable style, there is in reality the gist of the whole subject of the treatment of gastro-intestinal affections. This paper will bear reading and re-reading and should never be lost sight of.

In this connection it may be well to pass in review the indications for the use of zinc sulphocarbolate: For all cases wherein an antiseptic is required, in the stomach or bowels; for gastric catarrh, with pyrosis, heartburn, bad breath, fermentation, vomiting, nausea, ulcer or cancer; for cholera-infantum, cholera-morbus, cholera-asiatica, duodenal catarrh, diarrhea and dysentery; fetid stools from any cause; also to keep the intestinal canal in an aseptic state and thus prevent absorption of ptomaines.—ED.



MISCELLANEOUS

The pages of this department are for you. Use them. Ask questions, answer questions and aid us in every way you can to fill it with helpfulness. Let all feel "at home."

NOTES ON THE JUNE CLINIC.

Editor Alkaloidal Clinic: — Why I continue these Notes: Not to instruct, for I have but little to do it with; not *ut laudari*



E. P. EPSTEIN.

quisqui a laudato viro, for I am not always such a fortunate man; nor to find fault, for I am not a public censor. I write simply to remind the reader of what he has read in this journal, in which there are but a very few things

worthy to be forgotten, advertisements included. Therefore, as long as the editors will give me place, I propose, D. V., to continue.

For "The Coming Summer Campaign," page 297, when the infantry of the country, and more so of the cities, is sure to be attacked *a tergo*, and often, too, *a fronte*, it is pre-eminently wise that our generals and captains should act at once on the urgent advice of our field-marshal, the editor, to "prepare for war in time of peace." If you don't, and with Hellenic over-confidence presume to assume that you know all and have all, and can do all things you may want and choose to do, then the Turk will have another easy time in the slaughter of the innocents, and the war indemnity will be paid to the undertaker, not of the war but of its results; and you will be relegated *ad calendas Græcas*; i.e., when the Greeks will pay their bonds, of which no one knows the when. So, therefore, read over again the opening editorial of the June CLINIC and become wise.

"Specialists and General Practicians," is good and commendable Christian ethical reading for both of them. Our good editor is a general specialist, for *vide* the special

questions that are asked of him in this CLINIC, and which he answers as well as a general. He speaks from the heart; let, therefore, there be no heart-failure in listening to him.

"Humoring the Stomach," page 299, is our excellent Shaller's advice, and "Educate the Stomach," says our good editor. Well, though they seem to differ, I always listen profitably to both, and so I would educate the stomach humoringly and not punishingly. Will that do? Read that article, and tell me, reader.

"Prosperity," page 300, does not come by a mere *ipse dixit* preannouncement. In our times, of rare golden states, it will have to come over night's depression by a miracle, like the one wrought for Jonah's gourd, which is not wrought in the editor's garden. When the sun of righteousness will rise over our beloved country, then and then only will prosperity come to it quite unpreannounced.

"Expert Testimony," page 303. In German universities they have ordinary and extraordinary professors, and some wicked Philistine said that the difference between them is, that the ordinary knows nothing extraordinary, and the extraordinary nothing ordinary. And in that line I would say that an expert is one who has been once upon a time pert, but is now ex.—

"Vitiligo," page 303, and the quotation from Dr. Lieberthal, will be found not only of cosmetic but of physiological interest also to the thinking reader. The subject of color, subjective and objective, is yet a mystery to be solved. Nature is full of it and we are full of ignorance about it.

Dr. Shaller's "Hints in Dieting," page 305, contains many valuable truths, both new and old, to knowledge and memory. His ranking boiled cabbage with fried pork or veal, as difficult to digest, induces me to call attention to the fact that fermented cabbage in the form of well-prepared, not over-salted sauer kraut, is easily digestible and nutritious, too, by

reason of the amount of lactic acid in it. The doctor speaks of hot water as an emetic aid to empty an overloaded stomach. But will that temperature always do it? Better is the Scripture practice in Rev. 3-16: "Because thou art lukewarm, and neither cold nor hot, I will vomit (Greek 'emesai') thee out of my mouth."

"Stomachic objections should be carefully noted," respectfully, is one of the doctor's sound advices, and is applicable to any article that other stomachs may relish, for this organ has often its peculiar tastes, and "*De gustibus non est disputandum*" is dietetically as well as esthetically true.

"Cellular Therapeutics," page 309, by Dr. John Aulde, is a clear statement of what it is, such as the reader must gladly welcome.

The doctor disclaims for it any "quasi medical system," but just as Virchow's "Cellular Pathology" showed what Rokitsky's path and epoch-making "Pathological Anatomy" really teaches, so Cellular Therapeutics shows more clearly the *modus operandi* of well-known medicaments on cell-metamorphosis, and thus greatly assists to a more intelligent application of them, alternatives included. It is "up-to-date therapeutics," and better than any school and sect-making, which wraps around commercial trickery the cloak of pretended zeal for humanity's welfare.

Dr. Cuzner gives a comprehensive analysis of "Cereal Foods," page 311. He shows what is and what is not important in them for the animal economy, and shows also what loss it incurs by feeding on fashionable white wheat flour.

Dr. Bacon, page 316, treats of "Atrophic Rhinitis" in his third paper on "Catarrh." It is brimful of sound common-sense, which is not very common.

In the even tenor of his excellent way, Dr. Walling elucidates the value of "Electricity in Diseases of the Eye," page 318; here, trachoma, corneal opacity and glaucoma. Specialist and expert, he yet

does not overawe in matter, style or prospect, the plodding general practitioner who reads his lines.

Dr. Coleman, page 320, continues to give his valuable experience with, and treatment of, "Chronic Functional Uterine Derangements," from which the oldest of us can well profit, and you, younger readers, would be guilty to yourselves if you neglect to study it.

Dr. Buckley's reply, page 322, to Dr. Brouwer's (not Browner's) case of "Irregular Menstruation," published in the MARCH CLINIC, page 171, is of great interest with respect to the doctrine that ovulation and menstruation are contemporaneous. Dr. Buckley is inclined to disbelieve this doctrine.

The keenly observing Dr. Brodnax flatly denied that doctrine.

And I, myself, though claiming no authority, cannot help testifying against this doctrine from my knowledge of Jewish life. The orthodox Jew never comes in contact *verbatim ac literatim*, with his wife before twelve days, at least, have passed from the first moment she had observed the least show of blood from her genitals, and a Jewish woman examines herself as to this scrupulously, religiously and often. And yet who is more prolific in children than the orthodox Jew?

Dr. Fair, page 322, speaks in high commendation of "*Verbena Hastata in Epilepsy*." Let us thank him heartily, that though a specialist in that disease he is not a secretist. The announcement, in footnote, that "the active principle of V. H. has recently been isolated for use by the A. A. C.," is a very welcome one, and of which I trust we shall hear more and soon.

Dr. Frank's "*Bone-Coupler*," page 324, couples once more Chicago's name with an advance in surgery, and THE ALKALOIDAL CLINIC with advance heralding of whatever is good in the healing art. "*Excelsior!*" is the *signatur* of both, *ergo sunt utrique perpetui!*

Dr. West's paper on "Infant Feeding," page 325, is as excellent as it is exhaustive and serviceable in its details, almost a *vade mecum* on this important subject.

Dr. Waugh's third paper on "Morphinism: the Objects of Treatment," page 329, is clear as crystal, sympathetic as the heart of a physician ought to be, and thorough as only a man of his experience can make it. The captives of morphinism are many in the land, and many are their pretended deliverers. Would to God that every physician in the land might read these papers of Dr. W.—for these papers alone the CLINIC should double and treble its circulation. God grant it.

The author of "Notes, &c., &c.," page 331, got a laudation for it from an important quarter, which surprised him somewhat, but he can stand it. Pass!

"Renal Insufficiency," page 335, by Dr. J. W. Brooks, is a splendid report of uroscopic diagnosis and promptly efficient alkalometric treatment of a formidable case of uremia. A uroscopy this was not of the water-gazing kind, of the "water-doctor." The editor's comments on the possible misdiagnosis of the case as apoplexy "in the old days," is proper enough, but as to their treatment, "the patient would have been bled," yes, and the uremic poison diminished; "purged," yes, and the *primæ viæ* so far disinfected; and "blistered," yes, and local blood-pressure relieved, and the patient cured, the wrong diagnosis notwithstanding.

"Loaded for B'ar," page 337, by Dr. Brown, will be useful reading for those who think that the alkaloids are very "dangerous," yes, for the bear that attacks the patient, but very saving of life, time and money to the patient.

Dr. Manges gives an excellent article on the proper cases where "Circumcision," page 337, is demanded. It tempts me to write on the historic probabilities of this subject, but I refrain for want of space just now.

Dr. Stanton's treatment of "Hysteria," page 339, illustrated with four cases, is somewhat impolite, but being brief and efficient forbids adverse criticism. Read it, reader, then go and do likewise, and you will be wise.

Dr. Penniman, page 340, thinks the editor is "doing a grand work," in teaching more exactness in "Dispensing Medicines." And a grand work, too, it is, to see that there be exact medicines to dispense.

"Pneumonia," page 341, by Dr. Phelps, besides being very instructive as to treatment, is also an honest tribute to truth and progress. It is said that it takes five years to take out the seminary from a theological graduate. How many years does it take in the case of a medical graduate?

There is "Help Wanted," page 342, by Dr. Grundy for a neurotic female. The editor gives etiology, diagnosis and varied treatment, the *dernier ressort* of which I would, on general principles, advise the doctor to administer more safely by proxy delegation.

Assuming that the three cases reported by Dr. Klemm, under "Circumcision as a Hygienic Measure," page 342, were those of redundant prepuce, and comparing them with the cases on page 337, the question arises whether this malformation may not be hereditary.

"Narceine," page 343, by Dr. E. Cornet, is an excellent paper. Little is yet known about this remedy.

Bartholow puts it yet *sub judice*.

Burggraave has nothing to say about it from personal experience.

Castro does not differentiate its uses from codeine.

Waugh, in his "Manual of Treatment by Active Principles," 1893, has yet only an interrogation about it.

Shaller has not a word about it in his "Guide to Alkaloidal Medication."

The "Prices Current" of the A. A. Co. have the remedy, but little to say about it.

Beckel, of Sheboygan, Wis., is the first who tells me about it from his own and another doctor's personal experience in the January CLINIC, page 29.

This is all the little we know, and the much more we don't know about it, but this proportion will be changed by Dr. C.'s paper.

Score one more for "Nuclein with Success," page 344, by Dr. Scott. "Little drops of water, etc., etc."

"Eclecticism," page 344, by Dr. H. S. Brewer, of Bennett, class of '97, is refreshingly reassuring. "After so many years (it took that many, though!) he is content to drop all schools and names," and is "satisfied to be called simply a physician." God bless thee, doctor! And may thy tribe increase! Thou art in line with Schiller's "My Faith." "What religion I profess? None of all thou namest. And why none? Because of religion." To what school of physicians do you belong? To none. Why? Because I am a physician.

Dr. Abernethy, page 246, made many "Ten Strokes" with the alkaloids. Aren't they "dangerous?"

"Aspidospermine (for dyspnea), seidlitz salt, etc.," of the A. A. Co., came this time recommended by the reliable, because tried, authority of Dr. Coleman. I am unable to avail myself of the editor's generous offer of a quarter-pound of Abbott's Seidlitz Salt, for I am not "unfamiliar" with it, having used many and many a pound of it.

Dr. Brodnax's "Notes on the CLINIC," page 349, refer to the one of April. In Louisiana you have a law and in Florida they want one, against the "Curse of the Granny," and yet both fare alike. Ay, but what ails the people of both?

Doctor, did you ever try chloroform internally as an "abortant of a chill?" It has some power.

"Somnolence," page 352, in diligent students and mental workers. may be cured

by simply sleeping out of doors for days. In this case, however, it may be caused by mild urinary toxins and extra-eliminants of them seem to be indicated.

"Abortion with Relics of," etc., etc., page 352, by Dr. Gates, suggests the question whether those "bones and bony materials" were not abnormal deposits from the blood "on the attached side of the placenta?" Hence abortion from fetal inanition.

That case of Dr. Johns, page 353, has no right to become flatulent if his "digestion is good," or else what produces the gases which at least lift the heart from its place and cause that dyspnea by a disturbance of the cardio-pulmonary circulation? Sulphocarbolate of sodium ought to solve the riddle.

DR. EPSTEIN.

West Liberty, W. Va.

PATHOLOGY AND THERAPEUTICS.

Editor Alkaloidal Clinic:—Being a reader of the CLINIC, I beg to bring to the inquiry of the "Why or Wherefore," a brief experience. The anatomist Rokitsansky, of Vienna, was the first man who in plain words announced that pathologic anatomy is not only the foundation of all medical science, but also must be the guiding star for the action of the physician; because it contains all we have of positive knowledge in medical science. A clear, comprehensive diagnosis is possible only through a thorough understanding of pathological anatomy.

Beg your pardon if I would add: A well comprehended knowledge of *materia medica* is utterly necessary in using a medicine for healing purposes. *Materia medica*? Yes, of course, in its most refined form; and do we not have it in the little granules?

If these two sciences go hand in hand, not forgetting that by confidence in his medicine the physician imparts a psychological medication to the patient's mind,

we must succeed in healing the sick. Asking for advice, never ask for rules, because nature is not to be governed by the rules laid down by man. Find the diagnosis of the individual patient, and treat him as an individual. Of course that takes mental work and is therefore often neglected; and the easy rule-system (*Schablone*) is adopted.

I would not willingly be without the CLINIC and the deep thoughts of Dr. Magister Epstein, animating for a second reading of the thoughts of the brave rank and file. I would rather forego the cigar after dinner for all days to come.

DR. BECKEL.

Sheboygan, Wis.

AULDE'S NUCLEIN IN CEREBRO-SPINAL FEVER.

Editor Alkaloidal Clinic:—I have been for the past three years a reader of your journal, reaping many valuable facts from its pages; besides becoming more familiar with the treatment of disease by the alkaloidal method.

I wish to speak of Nuclein as a remedy in various diseases. I have used this valuable therapeutic agent with singular success in my practice for the past three years. Its wonderful restorative and combative powers in disease are the marvel of the present century, one that will be recorded in the annals of medical history. Nuclein has passed the point of experimental medication and become firmly fixed as nature's great supporter. Rarely can we find a drug that comes to assist nature, aiding the diseased cells to return to their normal condition as Nuclein does.

Cellular therapy is no longer a dream but a fact; clinical results placing it beyond contradiction. Its use is wide and broad; it can be applied to the youngest infant as well as to the centenarian.

Nuclein is indicated in all places where

nature requires an antiseptic and supporting treatment. It has a broad field in all anemic conditions, where oxidation becomes insufficient, where there is a great reduction of the hemoglobin, especially in diseased conditions of the lungs. Therefore it is indicated in bronchitis, broncho-pneumonia, influenza, tuberculosis and capillary bronchitis, as well as in all catarrhal conditions of the nose and throat.

Frequently we find our patients anemic. In such cases I have often prescribed arseniate of iron and digitalin with benefit, but upon the addition of Nuclein improvement was hastened. In pneumonia I have found that by combining it with aconitine and strychnine arseniate, it has been a wonderful aid. Its combination with bryonin in pleurisy is magnificent. In tuberculosis it can be given alternating with cod-liver oil. In catarrhal conditions it will not disappoint you.

Let me cite a case: M., aged eight years, has been confined to his bed with cerebro-spinal meningitis for the past two months. The opisthotonos, the characteristic cry "oh, my belly," so oft repeated, and the marked emaciation, had almost destroyed hope. I had given all the medicines recommended for this disease with no benefit. As a last resort I began the hypodermic injection of corrosive sublimate in solution, once daily, with no great improvement. Then upon the addition of Nuclein (Aulde) the change came; the patient began after the second injection to show signs of improvement, the vomiting ceased, and pains lessened. The improvement was gradual and continued to health.

EDWARD ERSKINE, M. D.

Rogers City, Mich.

—:O:—

This is a remarkable case; and one that goes to show the place of Nuclein as a physiological antagonist of specific or microbic disease. Anything that offers a ray of hope in cerebro-spinal fever should be thoroughly tested.—ED.

PASSIVE MOTION.

Editor Alkaloidal Clinic:—Permit me to suggest to Dr. Blesh, page 154, March CLINIC, not to be too sure about it. In some cases uterine fibroids develop very rapidly after the menopause.

In reply to Dr. Kimball, page 172, I will quote from a case I reported August 12, 1895; Mrs. N., age about forty, weight 180, coming to the house after dark, with a pail of milk in each hand, caught her foot in a cultivator-wheel, which the children had been using for a plaything and left in the way. She was thrown down and broke her left arm. I was called and administered an anesthetic and proceeded to examine the arm. I found fracture of the olecranon process of the ulna and also fracture of the internal condyle of the humerus.

The next question was what position to dress it in. The fracture of the olecranon demanded the extended position, while the fracture of the condyle would be considered as calling for the flexed position. I dressed it in the extended position. I gave the husband to understand that it was useless to look for perfect results. A "stiff arm" was almost a certainty. At the end of two weeks "passive motion" was commenced, steadying the olecranon meantime. At the close of the third week the splint was laid aside and the arm was left free from all restraint; the patient being encouraged to move the arm as much as she could. Passive motion was used every two to four days. This caused the arm to ache and pain, but I persisted, knowing that this was the only way in which I could hope to secure the patient a useful arm. The condition the following March was such that no one seeing the woman could suspect that her arm was ever broken.

Today it is to all intents and purposes as perfect as it ever was. I brought in a bill of \$50; the husband, who was abundantly able to pay it, thought the bill so large that I threw off \$10, and also gave the

visits; and he has been "grouty" at me ever since for charging him so much. I claim that the result is one that could not be looked for one time in five hundred.

S. J. SMITH, M. D.

Charlotte, N. Y.

PAROXYSMAL SOMNOLENCE.

Editor Alkaloidal Clinic:—I would like some advice on the following case: M. C., aged fifteen years, health always good, excepting that she had tonsillitis.

In October, 1896, she went to bed complaining of a headache (occipital), which was persistent, but worse at times. There was great drowsiness; it was hard to wake her up and get any answer to questions. There was some fear of light, but her pupils were normal; temperature about 99° , and pulse 80 to 94; urine of a good color, no albumen, no sugar; tongue white, no appetite; breathes rapidly, at one time 80 per minute, but breathed normally when told to quit; bowels constipated; later the urine became high-colored. The attack lasted two weeks.

The next attack was in January, '97, with about the same symptoms, with the secretions locked up, scanty urine, bowels constipated, skin dry.

In March a similar attack occurred, but with pain in the shoulder and chest.

She is now having another attack (June), has the persistent pain in the occipital region; jerks if there is any noise, has some hyperesthesia of the skin, and tenderness along the spine; pain shifting, at times in the back, then in the stomach, arms or lower extremities.

For a few days she complained of severe pain, tingling or numbness in the right arm or right leg, with loss of the power of motion in them, but this lasted only four or five days. Her kidneys are acting poorly, the urine high-colored. She was catheterized three times, after waiting twenty-four hours. The temperature is 99.5° to 101° ;

has been down for two weeks. She seems well between the attacks. Menses are scanty and these attacks come on at the periods. The patient is rather fleshy and fat, but pale.

I had thought there was an element of hysteria about the case, but there is surely something more. Has the scanty menstruation anything to do with it?

I will only add that her treatment has been directed to the kidneys and bowels, and she has had tonics.

H. H. BOGLE, M. D.

Beulah, Kas.

—:O:—

Congestion of the kidneys, with scanty secretion, occurring at the menstrual epochs. I would flush her bowels well with saline laxative just before and during the next period, and apply hot applications to the feet and back during the attack, with free sweating by means of the Betz vapor bath. In the intervals I would give her lithium benzoate and cactus; keep her on the milk and vegetable diet, and advise out-door exercise.—ED.

ENTERO-COLITIS.

Editor Alkaloidal Clinic:—I wish to contribute my mite by giving my experience with the "arms of precision" in the treatment of entero-colitis of children. I shall give the details of several cases, which will be sufficient to show the superiority of the alkaloids over galenical preparations.

Case 1. Willie C., aged six months, female, white, was brought on October 13, 1896, suffering with entero-colitis. The baby received fresh pork from the hands of the nurse, the trouble starting a few hours later. She was having from ten to twelve passages during the twenty-four hours; she had some fever, was fretful, and had lost considerable flesh. To make matters worse, the mother gave very little milk and supplied the deficiency by giving the baby cold cow's milk. Besides, the prep-

aration of the milk was often intrusted to other hands, and the child suffered in consequence. This ailment had already lasted three or four weeks and continued in spite of the use of home remedies.

I instructed the mother to administer a raw egg every day; very little if any other food was to be given. Boiled water the child was to take often. The following remedies were given: Hyoscyamine, gr. 1-250, two granules; zinc sulphocarbolate, gr. 1-6, four granules; copper arsenite, gr. 1-250, two granules; morphine sulphate, gr. 1-12, two granules; water to make three ounces. Direct: A teaspoonful every hour until marked improvement should be noted, and then every two hours.

Although the action of the remedies stated is well-known, it may not be out of place to reiterate it: Hyoscyamine, relaxing the muscular tissue of the bowels and sedating it; zinc sulphocarbolate, a preventive of fermentation and having a constringing effect on the congested mucous membrane; copper arsenite, an astringent and antiseptic; morphine sulphate, given in this case for the relief of pain and tenesmus, and for its quieting effect.

After the second or third dose improvement was apparent, which continued until complete restoration to health resulted, no other medicine being needed. Whereas the baby was ill-nourished and puny up to this time, she soon became plump and robust.

Case 2. May 26, 1897, Oliver D., aged one year, black, was brought to me presenting the same array of symptoms as in the former case. The bowels moved very frequently, the discharges being greenish and mucous, and sometimes containing a little blood. There was some fever. The disease had started a week or two before and the eating of blackberries was the exciting cause.

The following treatment was instituted: A strictly raw-egg diet and boiled water *ad libitum* were ordered. Hyoscyamine, gr.

1-250, three granules; codeine sulphate, gr. 1-6, three granules; zinc sulphocarbolate, gr. 1-6, twenty-four granules; copper arsenite, gr. 1-250, three granules; water to make three ounces. Direct: A teaspoonful every hour until improvement shall have set in; after that every two hours.

After two or three days the father came back saying the boy was all right as long as the medicine lasted and that he wanted more of the remedy. A prompt recovery soon took place.

Alkalometry has been a continual and delightful surprise to me, especially in the treatment of remittent malarial fever, accompanied by distressing subacute gastritis, and in the broncho-pneumonia of children. Not a few cases of the latter have come under my observation this spring. It is unnecessary to state that I shall continue the use of remedies which have cured pleasantly, quickly, and safely.

A. P. McARTHUR, M. D.

Rembert, Ala.

—:0:—

It is pleasant to hear a doctor analyze his prescription in this way, showing his reason for each drug given. Precision in diagnosis, precision in prescribing and dispensing, and we have the best of results.
—ED.

DISEASE OF THE LEG.

Editor Alkaloidal Clinic:—Would you kindly give some advice? Patient, male, married, aged forty-five years, good habits, no constitutional disease apparent. He denies ever having had any specific disease, and his appearance and the treatment upon which I have placed him bear out this statement.

Five years ago a redness first appeared upon the anterior aspect of the middle of the lower third of his leg. This extended some distance upwards, and downwards over the ankle and instep, accompanied by heat, oedema and more or less pain. Soon

afterwards the right leg was attacked in a like manner. At times this trouble would almost disappear, to return again the same as ever. There has never been an ulceration. He has been under the treatment of many physicians here without any benefit.

His condition is as above stated, although he has been under my treatment for a month. The parts are hot to the touch and painful on pressure to some extent, the oedema extending at times down over the instep. The color at times is bright red, at others a darker red. The right leg is not so bad. I have had him on Iodia (Battle & Co.), Elixir Iodo-Bromide Calcium Co. (Tilden), calcium sulphide, six granules three times a day, rhus tox., and iron phosphate, with no good results.

The urine is normal. I can find no disease of any organ. He is in perfect health with exception of this local trouble. He has no history or symptoms of scrofula.

E. B. HERRICK, M. D.

Lynn, Mass.

—O:—

I think in this case there is disease of the bone. I would suggest that you apply pure Campho-Phenique and follow this with Unguentine, at the same time applying a bandage of rubber webbing, which will support the part and allow healing to go on. Keep up his strength in the mean time, and give Nuclein (Aulde), two tablets every two hours.—Ed.

SCABIES ET RHUS TOXICODENDRON. SUDDEN DEMISE.

Editor Alkaloidal Clinic:—George S., aged twenty years, of stout build and seemingly well-developed, presented himself for treatment at my office on the morning of the 23rd inst. Examination revealed to my mind a case of scabies, complicated with a very severe form of rhus poisoning, extending over most of the body and limbs. Both eyes were almost closed, and the arms and legs were much swollen as well as the scrotum.

He had been taking medicine and using ointment from another doctor, who said they were for scabies. I did not see the medicine and have no knowledge what it was.

I put him on treatment as follows: Twelve granules of veratrine, gr. 1-134, one to be taken every two hours. After about ten granules of the veratrine had been taken, there being slight elevation of temperature, the veratrine was discontinued and aconitine amorphous, gr. 1-134, given; five granules fifteen minutes apart, then five granules thirty minutes apart, then one every hour as long as there was indication of fever; in all, about fifteen granules of aconitine were taken in twenty hours. From the first, three granules of calcium sulphide, gr. 1-6, were given every two hours during the day. This concludes the internal treatment.

Externally as follows: Resinol was applied to the eyes, and the swelling reduced rapidly and entirely. The patient being without means, he could not afford the Resinol for the entire surface affected, therefore I prescribed calomel and lime-water, U. S. D. This was used about twelve hours. I was not satisfied with the results from it, so I changed to equal parts of linseed oil and lime-water. The results from this remedy were very satisfactory in reducing the swelling and curing the rhus poisoning. For the scabies on the hands only two applications were made; of sublimed sulphur, one drachm, and olive oil, one ounce.

The first application of this remedy was the evening of the 25th; the second on the morning of the 26th, about 4 a. m., at which time he arose after having a good night's rest. He ate his breakfast with a relish and feeling very well, as he expressed himself.

About 8 a. m., he came to my office very much pleased with his improvement, and asked if he could not take his medicine and go to work on the farm. I told him if he

continued to improve until evening he might go to work, or go to his place of work, it being Saturday.

He went to his boarding place from my office, remained there until about 10.30 a. m., at which time he left the house, walking through quite a sprinkle of rain, having no clothing upon his person except a gauze undershirt and light overalls and shoes, with socks. I had cautioned him particularly not to expose himself to the cold, damp atmosphere, but he disobeyed and went through the cold rain to his cousin's drug-store, a distance of nearly three blocks.

His cousin scolded him for being out in the rain. He said he felt so well that he did not think it would hurt him. He took a chair, placed his feet upon the window projection, leaned back and talked and joked in his usual good-natured way for about thirty minutes, at which time the druggist was working in the rear end of the store.

Now comes the sad ending, and the cause that leads me to report this case so fully, with the hope of obtaining opinions from the editors of the ALKALOIDAL CLINIC and any of its able contributors who may feel disposed to express themselves, as to my diagnosis, treatment and the cause of the very sudden demise of my patient, which occurred as follows:

At this time his feeling changed. He called the druggist and told him that he felt that he could not walk or see. He threw his head back, clinched his hands, straightened his arms, gasped a few times, and was dead.

Hypodermics of glonoin, and application of ammonia to his nose had no effect. I have been reading the very much appreciated ALKALOIDAL CLINIC for one year, and using the alkaloidal granules with satisfaction, trying to use due caution in their application and do no harm with them. I am after more light and hope to receive it, upon the case above related. The

undertaker found the heart engorged with blood.

A. J. ROGERS, M. D.

Hillsborough, Iowa.

P. S. I am treating a case of cardiac dropsy with the granules exclusively. The results are magical. Have just discharged a case of entero-colitis with complication of uric acid and retention of urine. The child's age is eleven months. It had been treated three weeks by another doctor for spinal trouble, so the mother said. The granules did their duty in this case.

—:O:—

There is not the slightest indication to connect the death with any of the remedies given. Had there been over-action of aconitine, numbness and feeble pulse would have preceded death for a longer or shorter period. Veratrine would have caused diarrhea and vomiting. Calcium sulphide would have produced cyanosis, but this would have been seen previously, and the time for its appearance had passed. But the history shows conclusively the true nature of the case, and the undertaker's observation confirms it. There was a sudden retrocession produced by the exposure to wet, the blood was driven into the internal organs so violently that the heart was paralyzed by over-distention. Nothing but a prompt venesection could have saved his life; and in this day of exclusively roborant medication, who would have thought of the lancet and used it quickly enough to save life?

The case is especially interesting as showing the dread with which the alkaloids are viewed by those who are not very familiar with them, and do not comprehend the precision of their action and their absolute safety when given in the small and quickly repeated dose.

I would feel like saying in such a case: "Thanks be, I was not giving a fluid extract that might have been ten times the strength of the preceding sample. I know how strong my doses were, and the effects to be expected from them, which were not those seen in this case."—ED.

ELEPHANTIASIS?

Editor Alkaloidal Clinic:—I have prescribed Aulde's Nuclein of late and it has done wonders for me in ten or twelve cases. Your granules are a power in the practice of medicine. I have used them for two years.

Enclosed find photo. of a child eight



weeks old. I could do nothing for it, and send the photo. to you, thinking that perhaps among the many thousands of your CLINIC readers some have never seen such a case.

I wish you would write in regard to the treatment if there is any, for this case of elephantiasis.

DR. S. H. DULEY.

Morris, Minn.

—O:—

A very remarkable case indeed. I have seen many cases of elephantiasis, especially in Brazil; but never once in an individual

under forty years of age. If this is really elephantiasis, and the picture looks like it, it is a wonder. Is there any history of heredity?

I would apply a rubber bandage to the limb, not very tight, but enough to cause a little pressure. This has proved useful in every case I have had in twenty years.

—ED.

CLINICAL NOTES.

Editor Alkaloidal Clinic:—A lady, aged forty-one, is troubled with headache and nervousness, dependent upon habitual constipation. She has also been troubled with hemorrhoids for several years. Not having Waugh's Laxatives, I put her upon podophyllin, gr. 1-6; strychnine sulphate, gr. 1-134; one of each morning and night, and she is gaining right along.

Aconitine, gr. 1-134; strychnine arseniate, gr. 1-134; one of each every fifteen to thirty minutes till effect, and then every hour or two, knocks neuralgia of the fifth into a cocked hat.

GEO. L. MOXLEY, M. D.

Arcadia, N. C.

SCIATICA.

Editor Alkaloidal Clinic:—On the 18th of March, 1896, I was called to see a lady, aged forty-five years, married, who at the time was suffering in the right hip with sciatica, which by this time had extended over the entire body as it seemed. Her regular physician, who had been attending her for a month, had now abandoned the case, as he said: "I have run out of soap." He had used what I then used; the same in name, only that his weapons were tinctures and fluid extracts, and I administered nearly the same remedies but in the form of Abbott's Alkaloidal Granules, namely, hyoscyamine, colchicine, macrotin, glonoin and strychnine arseniate.

This case was a most severe one. No opiate, whatever the amount given, would

relieve the pain, it was so severe. Ere long, when Abbott's "little pills" began to be downed about every fifteen minutes to half an hour, there came a change. Would you say better? Oh, yes; and with a smile from the patient and all around who witnessed the "job." The case was discharged well on the 28th of the same month.

In April, '96, I was called to a man, aged forty-one years, married, who had been under regular treatment by his family physician for sciatica for eight months, without apparent benefit.

When I arrived, which was at the suggestion of his physician, I found he had been put through the "tried and true" remedies for sciatica, in the form of tinctures and fluid extracts, the same in name as what I then carried, but mine were in the form of one of Abbott's 16-vial cases, filled with his make of alkaloidal granules. I counted out so many and so many (according to Shaller), colchicine, hyoscyamine, macrotin, strychnine arseniate, and added the whole to a given amount of water.

I left him to return again in one week, which I did and found him much improved. Then I laid out another "batch" of the same line of remedies, including a prescription in the way of reconstitutives, telling him as I departed to send for me when he needed my services.

The patient wrote to me two weeks later that he was well or about so. So much for Dr. Abbott's granules.

J. HIETT, M. D.

Highland, Tenn.

USES OF ANTISEPTICS.

Editor Alkaloidal Clinic:—The July CLINIC reaches my table as full of helpful suggestions as ever; indeed, more so, in fact, as the opening editorial on summer complaint contains more practical information and utilizes less space than any short, pithy article I ever have read.

In regard to antiseptics, I have found Lambert's Listerine to be all and do all to meet indications in the antiseptic line that one could desire, and it has the additional advantage of being in solution, thus being quickly absorbed, an important consideration, surely.

For the country practitioner who is compelled to carry his own remedies, and where cheapness, undetrimental to efficiency is a requisite, the following treatment will appeal in infantile summer complaint with fever and green fecal discharges:

Tincture of aconite (Lloyd's), three to five drops; tincture of ipecac (Lloyd's), three to five drops; Listerine, two to six drachms; distilled water to make four ounces. Direct: A teaspoonful every half to one hour.

In addition give:

Powdered rhubarb, two to four drachms; sodium bicarbonate, half to one ounce; tincture of peppermint, half a drachm; boiling water to make four ounces. Direct: A teaspoonful every two hours until the passages assume a normal appearance; then give t.i.d. for a few days.

Turpentine and lard, equal parts, should be well rubbed in over the bowels if tympanites is present.

Give Peptenzym (R. & C.), three to five grains after each meal, and don't forget to restrict the diet. Cold water will often appease a fretting child when its mother insists on feeding it. Food in such cases is entirely indigestible, and does much to retard a cure.

Every practitioner should acquaint himself with the uses of the sulphocarbolates and copper arsenite. They are lifesavers at times, and when they are needed they are needed badly.

Listerine should not be overlooked in typhoid fever; given freely in aqueous solution it has done good work for me.

Last winter, when overworked, several times my pulse indicated latent toxic

agencies at work, to which the thermometer attested. Liberal swallows of pure Listerine brought me around all right on several occasions. The stomach and intestinal canal furnish rich lurking grounds for an abundance of toxic agencies. Keep this tract absolutely pure and you strike disease a "Fitz" blow on the solar plexus.

If you are not using Listerine as a dentifrice you are cheating yourself. Wet the brush in water, pour on a few drops of Listerine and rub the teeth vigorously after meals. You will be delighted.

As you do this inhale deeply that the fumes may reach the lung tissues and relieve throat congestions.

L. A. BARBER, M. D.

Mars, Pa.

CEREBRO-SPINAL MENINGITIS.

Editor Alkaloidal Clinic:—Anna C., aged two years; family scrofulous in one branch. On the last of November, 1896, she developed a well-marked meningitis with the characteristic opisthotonos; pulse rate at no time exceeding 100. The temperature I could never ascertain with accuracy in consequence of the jactitation and fretfulness, but I feel assured that it ranged over 103°. The pupils were unaffected except when excited, at such times largely dilated; bowels torpid and stools clay-colored; urine scanty, of deep amber color and high specific gravity; complete paralysis of the lower limbs with flexure of the left leg, which caused her to cry out if an effort was made to extend it; no redness or swelling.

Treatment began with a calomel granule, gr. 1-6, every half-hour until six were taken, following with castor-oil; repeating the calomel until the stools changed to dark brown and became exceedingly offensive, which soon yielded to a few granules of sulphocarbolate of zinc. To the whole course of the spine from the occiput to the sacrum I applied counter irritants made of

ground mustard and white of egg, as this will not blister, for about one week until the muscles relaxed along the back. I then began the arseniate of strychnine, under which she gradually but surely improved, excepting the left leg.

With the beginning of the New Year la grippe swept over this section and Mr. C.'s entire family, consisting of eight members, were stricken down with one exception, Anna being of the number. Her appetite had been good up to this time but she now refused any kind of nourishment.

I now determined to try the Nuclein granules alternating with valerianate of quinine as a last resort, regarding the case as almost beyond hope. But to my agreeable surprise she promptly rallied and began to use the left leg, although she is still so weak that she can sustain no weight on it. I am but a novice in the alkaloidal medication, yet thus far am greatly pleased with its use, especially among children.

H. W. HILL, M. D.

Moonsville, Ala.

—:O:—

Recovery from cerebro-spinal meningitis is not so frequent but that any case is well worth studying. Dr. Hill's application of Nuclein was most appropriate. I would like to hear of any other successful case.

—ED.

CHARITY COVERS ALL.

Editor Alkaloidal Clinic:—In one respect I am like Dr. Waugh, of Dutch lineage; seldom thrown from my equipoise, but unlike you I am slow of speech, slow to grasp new ideas, but anxious to keep pace with scientific research.

I have been a reader of the CLINIC since January last, and must say that it is my ideal of a medical journal, in expansion of thought, liberty of views, and the freedom of exchange of sentiment without censure or unkind criticism. But now comes a severe criticism from a source I had least expected, from Eclectics.

In a very important sense all progressive physicians are eclectics, but we have a distinctive school, as is well-known. For nearly a century we have been battling for progressive therapeutics, opposed at every step by tradition and by legal enactments. When we were few in numbers we were compelled to fight on the defensive; now that we are strong in numbers, why should we assume the aggressive and assail those who like ourselves are working on the lines of reform? We have demanded the utmost freedom of conscience and expression, the right to investigate with the view to find a new and better way in the manufacture and administration of medicines, teaching liberty and practising charity toward all. What should we expect but that there would be other investigators?

Prof. J. M. Scudder used to say to the class: "We shall not teach next year the same that we are now teaching. We shall have moved all along the line and pitched our tents nearer the fountain of true knowledge."

Prof. Howe said to the classes of '73 and '74: "We do not graduate any of you cusses for what you know. We have taught you how to study and investigate for yourselves."

I graduated from an Eclectic school and am proud of the fact, but I have learned that it does not require to be graduated from an Eclectic College, in order to be a progressive physician. Many of my professional friends are graduates from other schools, and they are delighted to know that small, pleasant doses of tinctures or granules are proving more efficient than the big, nasty doses of former days, while I learn some good things of them. Permit me to give one illustration: I had a case of facial neuralgia, a robust young man. I treated him for one week, and used the best remedies of which I knew, without benefit. I met in council an old regular, I mean an old gentleman, who advised one dose of quinine, forty grains. Think of it,

ye eclectics and homœopaths! Forty grains! Well, our patient gave his consent, provided the dose was mixed with whiskey, as he was quite fond of the article when taken straight. Forty grains were administered. Within two hours all pain disappeared, never to return.

I believe it already demonstrated that there are many remedies best used, some in the form of tinctures and some in the form of alkaloids.

How would eclectics and homœopaths get along without such drugs as apis, from which no chemist has yet been able to extract an alkaloid; while I think a tincture of codeine or cocaine would hardly be an eligible preparation.

Let us work together and in harmony to the perfecting of the science of medicine. The mere fact that we use so many different remedies is proof that we do not know the exact therapeutical action of our remedies, as their specific indication. As decades pass we will use fewer remedies, with a confidence born of investigation and scientific research.

On page 288 of the *May CLINIC*, Dr. Abbott, after suggesting treatment for Dr. Adams' case of cardiac dropsy, says: "If this does not affect your patient favorably, try Lloyd's tincture apocynum can., two drams; digitalis, two drams; cactus grand., one dram; water, four ounces; a teaspoonful every three or four hours. Doctor, how would it do to make the preparation one-fourth that strength and administer the same dose every two hours? This is not in a spirit of criticism; and I only mention the matter to call attention to the spirit of liberality as manifested by the doctor. He does not say to use the granules to the exclusion of any other remedies and if your patient must die, let him die and be blessed. The sentiment here expressed is, let us cure the patient, regardless of the drug's, mode of preparation or by whom prepared.

We are pleased to have Dr. Abbott's picture in the *May CLINIC*. I had antic-

ipated just such a make-up, broad-shouldered, broad philanthropy, unbounded charity and undaunted courage. The doctor would use chain-lightning if he could procure it and it was indicated. I suppose he would prefer the alkaloid.

I have used the alkaloidal granules to a limited extent, and am studying their therapy. I have had remarkable success in a case of humid asthma; an old lady who had not lain down for two weeks, and all the sleep she obtained was resting in an arm-chair. I did it with granules of hyoscyamine and strychnine arseniate. Improvement came at once and seemingly perfect recovery within one week. I do not write to instruct or entertain, but simply to protest against the spirit of criticism. When we work in harmony and for the common good, we shall have more respect for ourselves and be more respected by our patrons.

M. L. DOOM, M. D.

Chehalis, Wash.

—:O:—

That's right, Doctor, when a man talks like you do, our hand is stretched out to meet his, half-way at least.

RATTLE SNAKE BITES.

Editor Alkaloidal Clinic :—On the 28th of April, I was called very hurriedly to visit W. C., aged thirteen, who had been bitten by a large rattlesnake. This proved to be a diamond rattler. I found the patient very much excited, and everybody else in an uproar which looked as if a small circus was in full progress.

I began my task by putting every one to work, getting water-buckets, pans, and lots of other things I had no use for. My object was to keep them from worrying me with their suggestions.

I examined the boy's leg, found it very much swollen and painful to the touch. I found where both fangs had entered, just below the ankle-joint. The place was scarified and iodine given in drop doses

every twenty minutes for two hours, and then in drop doses every hour for eight or ten doses, till the patient was out of danger. I also gave a few granules of arseniate of strychnine (Abbott Alk. Co.) to sustain the heart-action.

The above treatment has given me more satisfaction than any I ever used.

HOWARD MINTON, M. D.

Dilworth, Texas.

—:O:—

Dr. Minton showed his quality at the outset by taking command at once, and his judgment by putting every one at work. That is a great relief to the doctor and to the sympathetic friends, who very naturally want to be doing something to relieve the sufferer. The confidence created by these measures is a most powerful remedy for the collapse, which is largely suggestive.—Ed.

LEGALIZED MALPRACTITIONERS.

Editor Alkaloidal Clinic :—I wish to thank Dr. Cuzner for his paper entitled "Legalized Malpractice." I sympathize with a brother physician who has been called to the bed-side by an uneducated midwife in time to be blamed for the death of her patient.

In January, '93, I saw a lady who was dying. On my arrival I was informed by the midwife that the after-birth had come away. On examination I found an adherent placenta. The cord had been torn from the placenta and the patient was lying in a pool of blood, gasping and struggling for breath. I informed the husband that she would die before I could remove the placenta. He asked me to try. The pulse was almost imperceptible. I gave a hypodermic of strychnine, gr. 1-40, but the patient died in twenty minutes after I saw her.

M. L. HICKEY, M. D.

Chalk Mountain, Texas.

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Dr. Hickey's term "Legalized Malpractitioners" for these alleged midwives is a decided hit, and should at once be adopted

and popularly disseminated. The influence of such a term is far-reaching, and may do more to bring these people into disrepute than all the arguments that can be made.—ED.

DRUG DISPENSING.

Editor Alkaloidal Clinic :—It appears to me that there is much to be said on this much written-of and talked-of subject. I think there are just two persons whose welfare is to be considered when drugs are dispensed, and these two persons are the patient and the physician. I have always claimed that what is to the interest of the patient is to the interest of the physician, and *vice versa*. There was a time perhaps, years ago, when the druggist might have been a third party to be considered, but that was when pharmacy was considered a profession and not simply a business.

In talking with one of our most successful and brightest young druggists only a day or two ago, he said to me that the practice of pharmacy now was simply a business and must be looked upon as such." I think I hear some good brother say, "Is not the practice of medicine a business?" Certainly it is, but is it not far more? The practice of medicine should be conducted on thorough business principles, but I think every right-minded physician looks upon it as something far higher and nobler than simply a business. The mission of a true physician is to relieve suffering and to assist nature in the cure of diseased conditions.

Now can this be done best by bringing a third party (the druggist) into the transaction for the purpose of dispensing the medicine? I answer, no, for several reasons.

The saving of time is one of the greatest. We are often called to a case where prompt assistance will often save days of suffering and sometimes life. It is often the case that no one is at hand to send to the drug-store, and hours may elapse

before the prescription can be filled, and when it is obtained it is liable to be made up with an old fluid extract which is practically inert. Who is there among us who has had experience in writing prescriptions, that has not been disappointed on his second visit, to find no results whatever from a mixture that has been faithfully administered, simply because it was prepared from old stock that had become inert from age, or was not properly made in the first place.

In these days of alkaloidal medication, all this may be avoided by the physician carrying his own remedies with him and administering them at once. With a properly assorted case of granules, which one can carry in the pocket, he will have the best remedies to meet almost any emergency of which one can conceive.

But some one will say, let the druggist carry the alkaloids and fill your formulas for you. Here is just where the repeating custom does injustice both to the physician and patient. Suppose you write for Anti-Constipation granules (Vaugh), and how long will it be before half the friends of your patient are taking the same thing, whether it is just what they need or not; for if it is properly prescribed in the first place it will do the patient so much good that he will want all his friends to try it, and instead of sending them to the doctor, he will send them to the drug-store.

Some doctors think they must use proprietary remedies, such as Bromidia and one thousand others which have become household remedies, and can be obtained at any drug-store by any one, even a child. These are often used indiscriminately without the advice of the physician and to the detriment of the patient, if not to his health at least to his pocket-book; for there are other remedies identical in action with most of these proprietary articles gotten out by other pharmaceutical houses, that are just as good at one-half the cost, and it is certainly an injustice to our patient to

make pay him \$1 when the same can be procured for fifty cents.

If one dispenses his own remedies and prescribes a preparation for a patient, and that patient feels that he is benefited, he does not go back to the drug-store to get it refilled and also send his friends there for the same thing, but he goes directly to the physician for it and also send his friends to him.

Some object to the time it takes to dispense. With the help of improved pharmacy, and the elegant way in which so many preparations are made for dispensing, the average prescription can be prepared about as quickly as it can be written. I am satisfied that I added at least \$500 to my business the first year I began dispensing my own remedies, which I did almost entirely before I came to this place.

I did intend to say something about druggists' prescribing, but I find this is already too long, and will probably not know itself by the time the blue pencil gets through with it, so I will close.

E. J. MEACHAM, M. D.

North Chicago, Ill.

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Ruskin advised artists to grind and mix their own colors, as it was worth their while to take this trouble in order to familiarize themselves with the material of their trade. I will say that during my whole professional life I have felt the benefit of the experience obtained by preparing my own drugs during my hospital service.

—ED.

APPRECIATIVE.

Editor Alkaloidal Clinic :—A few days ago I received your neat and comprehensive "Brief Therapeutics," and to those not acquainted with alkaloidal medication the importance of this little book cannot be estimated.

But as the CLINIC has taught its readers to be satisfied only with the best, they are sure to appreciate the many and unusual

values that are constantly emanating from the minds of the CLINIC's able editors.

Many lives have been saved and much suffering averted by these timely suggestions.

I can scarcely forbear to speak a word for one of the many valuable combinations offered, Zinc and Codeine Comp.

I have given these tablets to hundreds, perhaps thousands, of patients suffering from some form of diarrhea, and I cannot now recall a single case in which they were not successful.

It is difficult to understand why a physician will object to alkaloids in known quantity, and then use the various drug-store preparations depending upon alkaloids, yet in unknown quantity.

S. J. WILSON, M. D.

Milwaukee, Wis.

ANCIENT HISTORY.

Editor Alkaloidal Clinic :—Some physicians seem to have a mania for certain methods, and they apply these to almost every known pathological disturbance. Very many articles of the *Materia Medica*, and those too that are the most valuable as curative agents, are injurious from long and continued use. Some are cumulative while others slowly break down the vital forces by poisoning the great nerve-centers.

Chloral is one of these much-abused remedies. Valuable as a hypnotic in mania-a-potu and many other conditions, after a brief period of stimulation it depresses the heart, reduces arterial tension, diminishes oxidation, lowers the temperature, and if continued long produces anemia with alarming pathological disturbances.

The continued use of bromides is a little less dangerous. They are pre-eminently depressants of the cerebral and spinal functions, and should not be continued longer than the urgent symptoms that give occasion for their use.

Veratrum, aconite and digitalis are each

dangerous remedies and their use *ad libitum* has resulted fatally. Aconite depresses the cardio-motor ganglia, while digitalis stimulates. Aconite arrests the heart in diastole, digitalis in systole. Both arrest the heart, one by depression and the other by stimulation. Digitalis is a valuable cardiac tonic, an excito-motor, an aphrodisiac and a most excellent diuretic, but its long continued use must be watched with care. Aconite is a powerful antipyretic; cardiac, respiratory and spinal depressant. It paralyzes both motor and sensory nerves. It chiefly affects the peripheral ends of the nerves, relaxes the inhibitory anatomy of the heart and paralyzes the cardiac muscles and their ganglia, the respiratory centers and the spinal cord in all its functions—sensory motor and reflex. J. M. L., M. D.

Paint Rock, Ala.

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In the use of all active medicines, and even when none is given, it is the physician's duty to see that the kidney elimination is free and unobstructed. Very small doses may prove fatal if locked up in the body; while if elimination is free it is sometimes almost impossible to secure the effect of some remedies, like muscarine, before they are lost through the urine. This is why the dosimetric writers insist so upon the use of saline laxatives, which flush the kidneys as well, and why the powerful cardio-tonic diuretics, digitalin, strychnine, etc., are so frequently given with aconitine, veratrine, etc. And when the little doses are given frequently, we can easily tell when to stop; so that the drugs that were considered too dangerous to use in the old way, prove as safe as they are efficient in our hands.

Our correspondent has plainly shown the difficulties of the older method; let him go with us a little way and ascertain how beautifully we overcome these, by our system of accurate prescribing, elimination and production of physiological effects.

—ED.

FETID DIARRHEA.

Editor Alkaloidal Clinic:—I like the CLINIC best of all the journals which come to my office. I often think what a profit I made on my \$1.00 invested last year for the journal.

I have scored many victories with the little granules, but the one I describe beats them all.

In September last I was called fourteen miles to a neighboring town to see a child, two years old, that had a diarrhea of about five months' standing. Several physicians had given the child up, calling the trouble "consumption of the bowels," etc.

I found a little skeleton, weighing only twenty pounds, lying helpless and weak; it having had twelve passages that day. The stools were so offensive I could hardly stand it to examine the diapers. I took note, however, of the characteristic color and consistency of the stools, and the curdled milk therein.

I gave at once the treatment I had just been reading in the CLINIC, viz: One heaping teaspoonful of epsom salts, followed the first three days by zinc sulphocarbolate, gr. 1-6, every two hours, alternating with sodium phosphate and bismuth subnitrate, of each one grain, given every two hours till stools had a healthy odor.

After three days I gave Shaller and Abbott's Zinc and Codeine Compound, as directed.

In ten days the child was well; had gained eleven pounds, weighing then thirty-one pounds. The increase of one and one-tenth pounds per day sounds incredible, but it is an honest fact.

I regarded the good results there as possibly an accident, but have since tried the first three days' treatment on many others, and it has never failed.

I sincerely thank the CLINIC for the good results in that case, for it was the means of securing me over \$100.00 since in that same family; besides several of their

neighbors calling me to a town where there are five physicians.

The people here say they think it strange there is no summer complaint here any more. The secret of it is that I am the only physician in the town, and THE ALKALOIDAL CLINIC has put me on to a course of treatment that cures all cases in from two to five days.

The value of it was brought more forcibly to my mind this week, when a lady stopping at the hotel called her family physician from a neighboring town to see her babe with a slight diarrhea, which has grown worse and worse until it is now at the point of death.

This case makes me think of the need of every brother practitioner using my "stand-by," as I call it.

True, it is old to many CLINIC readers, but possibly some new reader having his attention called to it may save many lives of the little ones thereby.

W. V. MENEFFEE, B. S., M. D.
Monica, Ill.

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That's just it. Hundreds of such letters come to me, telling of invariable success in the treatment of such cases by the sulphocarbolates, and yet thousands of the little ones die every week during the summer, because the doctors do not know how to use these priceless remedies.—Ed.

THE JULY CLINIC.

Editor Alkaloidal Clinic:—I read the journal each month with increasing interest, and my faith in the little granules increases daily. Fifteen years in the drug business and five years of prescription writing make it hard to "flop" suddenly and completely to anything that looks so much like "sugar pills."

I have just glanced over the July CLINIC and find it filled with matter of great interest to me. Three years of practice in southern Florida left memories I do not like to recall. I tell you, Doctor, the old remedies,

gray powder, chalk mixture, bismuth, soda bicarb., etc., etc., will not save the little ones; and I feel sure that had it not been for your copper arsenite and zinc sulphocarbolate, this week there would have been two more "strange little faces in heaven." Green, fetid, blood-streaked stools, vomiting, and the emaciated senile countenance with which every physician is only too familiar, became more aggravated every hour under the treatment, until in desperation I put the little premium case in my pocket and made another visit.

The next day the delighted parents of both babies came to report them "almost well."

I think I shall never again feel the old dread I once had when called to see a child with "summer complaint." Please send a copy of the July CLINIC to my old associate, Dr. C. W. Bartlett, of Tampa, Fla. I will write to him also.

C. W. GOWMAN, M. D.
Odenton, Md.

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Just so. It is not until you try the new method of treating summer complaint that you realize what it means. It is nothing short of a revolution. We try to keep our heads and not go wild over intestinal anti-sepsis, but it is pretty hard work, with the reports coming in. And these are not from inexperienced men, but from the shrewd, keen-witted men of experience, who know thoroughly of what the old treatment is capable, and who thoroughly comprehend the merits of the new.

Brethren, take a hint from Dr. Gowman, and further the good work by sending samples of the CLINIC to your friends, with a personal letter. We are taxing our resources to make the CLINIC better and bigger every month, and we must have new subscribers to enable us to do this. A little help in the way of a good word to a friend on your part will be amply repaid upon ours, by the increased value of the CLINIC.—Ed.

ERGOTIN.

Editor Alkaloidal Clinic:—The dosimetric or alkalometric principle, by which are used in medicine the active principles of a vegetable drug, which material is generally simple and well-defined, cannot strictly be applied to rye ergot, for this substance contains several active principles more or less defined, yet differing greatly as to their pharmacodynamic action. Many obstetricians and gynecologists have abandoned the use of the alkaloid and returned to the use of ergot, either in powder or in infusion, because the various preparations pretending to contain the active principles did not come up to their expectations.

These brethren are wrong, however, for if ergotin contains a mixture of active principles whose properties must be fixed before the alkaloid can be used with success, extract of ergot varies so much in its composition that it does not deserve any more confidence than ergotin.

There are three active principles in ergot, two acid and one alkaline.

The first is sclerotin, whose property is the diminution of arterial pressure. This may be considered as the real active principle of ergot, as it reduces the blood-pressure and causes uterine contractions.

The second is sphacelin, which, contrary to the first, increases intra-vascular pressure and may cause gangrene.

The third, cornutin, raises arterial tension and provokes convulsions.

Bonjean, in 1841, brought out a preparation somewhat rich in acid ergotin, but as his formula lacked preciseness, the products presented under the same name have not been definite as to the quantity of the active principle they contain.

Wermich improved Bonjean's method and gave us a dialyzed ergotin containing an organic acid with physiological qualities not possessed by the other preparations.

Many very interesting experiments have been made upon frogs, cats, dogs, rabbits

and other animals, with the various active principles mentioned above, to ascertain their physiological action, but we have no space in a short essay to relate them. Suffice it to say that Markwald, in his experiments made at the Physiological Institute of Berlin, came to the conclusion that dialyzed ergotin is in all cases satisfactory, as it causes uterine contractions and arrests hemorrhage without the tetanus-producing effect of ergot and without containing its toxic principles.

Ergotin used in the preparation of the alkalometric or dosimetric granules is a substance of a reddish-brown tint, soluble in water, and obtained by maceration of the drug in water. The liquid thus obtained is subjected to several processes, and at last is deprived of its soluble parts by the use of alcohol.

As to the physiological action of ergotin, we have observed that it promotes very decided contractions of the uterus when the drug is taken by the mouth. Hypodermic injections produce clonic contractions, which follow each other in rapid succession and last often for an hour.

The therapeutic use of ergotin is to excite the contractibility of the muscular fibers as well as that of the uterine vessels. The purpose of this excitement is:

First, to accelerate labor when there is lacking uterine energy or when an alarming symptom threatens the woman's life.

Second, to empty the uterus from clots or hydatid debris which may have been retained.

Third, to aid the reaction of the uterus after delivery.

Fourth, to avert puerperal hemorrhages and even those that are not due to parturition. Also, to bring about an abortion when it has commenced spontaneously, and, being accompanied by troublesome hemorrhage, there is no possible hope of avoiding it.

Very favorable results have been obtained in many cases by the use of ergotin,

and this we believe is due to its property of reducing blood-pressure.

For the treatment of aneurism and prolapsus ani, hypodermic injections of ergotin have been of great benefit, and the cures that have been effected can be attributed to the local inflammatory irritation caused by the topical application of the remedy.

Ergotin is best administered in granule form as offered by the alkalometric or dosimetric system. The interval between the doses as well as the number of granules to be given must be determined by the physician who, carefully watching the results obtained, will know when to suspend or when to continue the use of the alkaloid.

E. CORNET, M. D.

Norwich, Conn.

ACETANILID POISONING: PNEUMONIA.

Editor Alkaloidal Clinic:—A seven year old boy had taken two drachms or more of acetanilid comp., for high fever. He was greatly cyanosed, the lips, toes and finger-nails quite blue, the eyes glistening, the hands, feet and face cold almost as death. He was very drowsy.

I at once had hot rocks applied all around him, and gave a hypodermic of strychnine, gr. 1-60, glonoin, gr. 1-250, and atropine, gr. 1-200; repeated in half an hour as he seemed to be sinking fast.

In a few minutes his pulse, that had been very thready, began to improve; and his respiration, that had been jerky and irregular, became more natural. I repeated the dose in half an hour, then every hour, and then again in two hours, until the little fellow rallied. This was followed with strong coffee and an occasional dose of strychnine and glonoin.

The treatment certainly saved this boy from a premature grave; it was nice, and not troublesome to administer. I like the granules better the longer I use them.

A typical case of double pneumonia occurred in an author, aged twenty-two

years. I was called the following morning after the chill and found the pulse 150, temp. 105.5°, respiration very hurried. The patient was delirious. As a substitute for the defervescent, I gave the tinctures of aconite, two minims, veratrum viride, two minims, and digitalis, one minim, every twenty minutes for eight doses. By that time the fever had fallen to 100.1°, the pulse was soft and respiration easier. The dose was then given every hour or two as needed, followed by salts. By 6 a. m. the temperature was nearly normal.

I then gave strychnine, gr. 1-67, with ammonium carbonate, five grains and spirits of turpentine, ten drops, in mucilage and sherry every four hours.

At 4 p. m. I found him in a low, typhoid state, continually muttering and restless, for which I gave a hypo. of one-eighth grain of morphine.

He rested moderately during the night, but next morning his pulse was intermittent. I doubled the dose of ammonia, adding the aromatic spirits and also ten drops of the tincture of digitalis, and gave strychnine, gr. 1-60, every hour. There was no change by 6 p. m., when mustard was applied over his heart. At midnight the situation was unchanged, and glonoin was given, gr. 1-250, every quarter-hour till 3:30 a. m., when quite suddenly the heart regained its force. The glonoin was given hourly all the next day. Five grains of quinine were also given every six hours after the high fever fell, as this is a malarial place. The patient sat up on the twelfth day.

A three-year old child with cerebral tremor rested well on Waugh's Anodyne, after Peacock's bromides and chloral had failed. Though the child died, it at least had a quiet hour in which to pass away.

J. D. BROWN, M. D.

Bennington, I. T.

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The value of glonoin in pneumonia is becoming quite evident.—ED.

HOW TO LIVE A CENTURY.

Editor Alkaloidal Clinic :—To my letter in July CLINIC, page 408, "How to Live a Century," I have received so many letters



H. S. BREWER.

of inquiry (without the stamp) that I have concluded to continue the subject.

Although I am a hustler from Hustleville, I am not a capitalist. While a two cent stamp seems a small matter, in the aggregate it amounts to considerable.

The instincts of the human "critter," have compelled him to understand that suicide is wrong.

In my opinion whoever knowingly persists in taking food that abridges the health of the body, and thereby lessens the power of the individual to fulfil his obligations to himself, his family, his country and his race, is in a degree committing suicide.

Do not imagine that I care what you eat as long as you the eater remain the same. All food is converted into one's self, and there is not a particle of reason to doubt that the food we eat influences us morally as well as physically. All hog-products produce hoggish conditions.

You will scarcely find a scrofulous or tubercular subject but what his or her immediate progenitors were pork-eaters. The term scrofula means hog. (Scrofa is Latin for hog.)

No meat-eater can enjoy his spiritual life, for it becomes secondary to the animal. In India, the home of Theosophy, where the spiritual is enjoyed to the uttermost, which means heaven while yet in the body, no meat is eaten.

That person cannot die too soon, who fails to find sufficient nutriment in fruit, vegetables and nuts, milk and eggs.

When one's intellectual and spiritual faculties are at their best one's diet is most meager.

Who can fail to see the beautiful after having dined on crystalized sunbeams, blended tints of the morning and distilled dewdrops.

One man writes me that he is over eighty and has eaten meat all of his life, and is vigorous for his age, excepting stiffness in the joints and a deficient memory. He would have none of these afflictions now to contend with if he had known and followed my bill of fare.

Another says he is past seventy and has smoked and lived on ham and side-meat all of his life. The only trouble he has to contend with is his eyes, which have been failing him. It's a great wonder to me that he has any eyes left. A lady says she and her family live entirely on meat and potatoes and wonders if that is the reason she has so many sores on her body. She can rest assured that is the reason. Just give up your meat and go for grapes and fruit and the sores will leave you.

I would not do away with all starchy food but limit it, nor would I do away with all meat suddenly. Man has eaten meat so long that he requires a little time to accustom his digestive organs to the change.

If a man wishes and aspires to attain the highest ideal existence free from all disease, and finally reach old age with faculties unimpaired, let him cultivate and develop the esthetic in him.

I herewith submit a bill of fare, which should be changed according to conditions.

Breakfast: Oatmeal; cup of coffee or cocoa; distilled water; bananas fried in olive oil or butter; eggs; oranges. Bread made from whole wheat; stewed apples and rice.

Dinner: Lentil soup; ground baked peanuts with mint sauce; entrees—peas, beans, cauliflower, stewed onions, tomatoes; and for dessert, sliced pine-apple, grapes, apples and ice-cream.

What my bill of fare will cure: Gout, rheumatism, phthisis, scrofula, neurasthenia,

vile ugly disposition, troublesomeness, piles, hypochondria, dyspepsia, melancholy, dishonesty, and finally make one live to old age, and never actually die, but simply change.

HORATIO S. BREWER, M. D.
Chicago, Ill.

—:O:—

Yes, but, Doctor, let us have proof, not simply assertion. Suppose each of our readers picks out his patients who are over ninety, and writes us a note of them, for registry; thus:

Smith, John, 96, sound in mind and body, vegetarian for 40 years, uses no alcohol or tobacco, widower.

Such a compilation could be made from these reports as would be of value.—Ed.

PNEUMONIA.

Editor Alkaloidal Clinic:—I am always anxious for the time to come round for the CLINIC to put in its appearance; it is so full of good things that I can no longer refrain from telling you of the feast you give us monthly.

I give my hearty approval of Dr. W. F. Cooper's paper on la grippe in the April number. But in the May number there is a good paper from Dr. J. C. Emmons on pneumonia, in which I do not concur as to all the treatment, and I wish in all kindness to the doctor, certainly not in adverse criticism, to give my treatment and experience with that dangerous disease.

When I am called to the bedside and find my patient with fever, pulse quick and full, labored breathing, pain acute or pungent in some part of the thorax; this pain increased by the cough, or attempting to bring a full breath; when I find on percussion a diminution of the sound over the affected parts, I do not hesitate to diagnose pneumonia. Now, without discussing whether these symptoms are produced by "bacteria," or come from "catching cold," I at once begin my treatment, part

of which I learned at a medical college thirty-seven years ago.

My main sheet-anchor is blistering. I cover the entire surface of the affected part with a fly-blister. If this does not draw well in five or six hours I take it off, clip what blister I have, then put on a new blister-plaster over the affected part.

My next reliance is on full doses of calomel and opium, with a Dover's powder at bed-time. I also use an expectorant in nauseating dose, of squills, ipecac, paregoric and fluid ext. licorice. Of course I use quinine and other medicine as indicated, but the treatment given above is my main reliance.

Perhaps some of your readers may think I am an "old foggy" and not "up to date." If there be such, allow me to say that I carry a pocket case full of some of your giant little pills and other alkaloidal medicaments; also some of Parke, Davis & Co. granules with an assortment of the "new remedies." I believe in trying all things, proving all things, holding fast to that which is good. I have proved this old treatment the past winter in twenty-five cases of pneumonia, and landed everyone of them back to good health again.

Who can beat this record?

In conclusion, I would say to all young physicians, give it a trial. When I began the practice I tried veratrum, aconite and gelsemium, also digitalis, and lost more patients than I cured; so I went back to my first learning.

W. W. NEWBERN, M. D.
Braden, Tenn.

—:O:—

Well, Doctor, if you can cure pneumonia best by the use of the blister, that is the remedy you should use. But if we can get better results from veratrine in some cases, digitalin in others, hot poultices or flapjacks, or by any other method whatever, these are the best remedies for us. Sufficient weight is rarely given to the fact that the doctor who knows his

remedy will do more good with it than he can with a drug he is not accustomed to, or than a stranger can do with the first man's favorite. While the little giants are destined to revolutionize medical practice, the change must be a gradual and peaceful one. But I must object to your expectorant. Squill makes the patient cough more, while ipecac and paregoric soothe sensibility. The first dries, the latter increases secretion. Why combine remedies whose action is so opposite.—Ed.

PHIMOSIS.

Editor Alkaloidal Clinic:—At the birth of all male children where I am the accoucheur, I always examine the prepuce. On retracting the foreskin, if the orifice is almost pin-hole in size and remains so after manipulating it for a moment, I then dilate the orifice with a small forceps or two probes (which are in my pocket case). I repeat the dilatation at each subsequent visit. I have not found it necessary to do a circumcision where I dilated the orifice early in infancy, even in families where I had to circumcise the older children.

A contracted and elongated prepuce often produces reflex nervous disturbances or convulsions, choreic and paretic conditions, also enuresis, dysuria, prolapse of the rectum, hernia and malnutrition. When the above conditions are due to a faulty prepuce a circumcision will cure.

Before operating the child should be thoroughly bathed. The hands of the operator as well as the instruments, towels, dressings and everything used about the operation should be made antiseptic or aseptic. In a child I prefer an anesthetic, preferably chloroform, as the operation is very short and the chloroform is more pleasant to take and seldom produces vomiting afterwards, if given on an empty stomach. The adhesions between the foreskin and glans should be broken up and the smegma removed before the cir-

cumcision if possible; if impossible, then after the operation.

A very neat operation and one that requires but few instruments, is to insert a small grooved director into the preputial orifice and carry its point carefully over the anterior surface of the glans; now with scissors slit up the prepuce upon the director. If the mucous membrane of the prepuce is pushed ahead of the director, which frequently occurs, reinsert it beneath the undivided portion and divide it in like manner. With a small forceps catch up a corner and carefully trim off, from each side separately, sufficient skin and mucous tissue to prevent recurrence. Unite the skin and mucous edges with five or six cat-gut sutures. These stitches need not be removed and this saves the child from fright, which makes him unhappy for a few days.

The dressing consists of a double fold of sterilized gauze, 4x8, with a hole large enough to admit the glans about three inches from the end in center. If there were adhesions push back the prepuce and put a few drops of a three per cent solution of carbolyzed oil on the glans and in the sulcus behind the corona, then draw the prepuce forward again. Another piece of double gauze about two inches square should be saturated with the carbolyzed oil and placed over the stitches. The large piece of gauze is now folded up over the smaller pieces. A wad of sterilized cotton is placed about the penis to keep it upright.

The dressings are retained by a diaper or T-bandage. After each urination the smaller pieces of gauze should be again saturated with the oil, or if soiled a clean dressing applied. Union will be speedy and non-suppurative.

The child will be able to walk about the room on the third day. I have had no trouble to keep him quiet the first two days.

E. M. RITTER, M. D.

Williamsport, Pa.

TREATMENT OF EPILEPSY IN CHILDREN.

Editor Alkaloidal Clinic:—I am only a recent subscriber to the CLINIC, but I am already a fervent admirer of the interesting manner in which it is drawn up, and take pleasure in adding my experience on the above subject.

At present I am treating four children who are epileptic. All of these are idiopathic, *i. e.*, without any assignable cause, no cerebral or other lesion being discoverable.

The epileptic fits come on at most any time during the day, though with many cases there is a disposition to their occurrence during sleep. I have found certain predisposing causes, such as constipated bowels, a sluggish condition of the liver and the approach of puberty.

Though two forms of attacks are usually described, viz., "*Petit mal*" and "*Grand mal*," I think there is no distinct line of demarcation, for these two forms insensibly pass into one another. In many cases there is no sign that would indicate the advent of an attack, while in others there are slight precursory symptoms, such as the aura, which is however more common in adults. This is a sensation referred to some part of the body, such as pain in one limb, or there may be headache, dizziness or faintness.

What is usually considered the *petit mal* is an attack lasting but a moment, such as stumbling while walking, or just being dazed for a moment, with a slight convulsive spasm of the face. In older children attacks may be followed for a short period by a slight mania, striking at other children, etc., or behaving in a hysterical manner.

The regular epileptics usually coming under a physician's care, and which class require a definite treatment, have more violent seizures, usually termed the "*Grand mal*." These attacks may or may not begin with the "epileptic cry" and an agonized expression of the face; then the hand

twitches and the child cannot catch its breath, it jumps up perhaps, or falls over, jerking with the legs.

I have been present only in a few cases during the attack, and in these feces were passed, and one patient micturated when the clonic spasms gave way. These attacks were all short, lasting one-half to two minutes.

Parents naturally like to believe that the fits are due to dentition, to too rapid growth, to dietary tendencies present, etc., but we cannot accept these as anything more than exciting causes, and must always fear and guard against a recurrence of the attacks.

Convulsions may occur as the result of brain-disease, recent as well as old; a tumor or syphilis may be present. These too may have some marked aura, but in these the convulsions will be mostly one-sided and moreover there may be headache, giddiness, paralysis and optic neuritis.

Treatment: A healthy country life, with abundant out-door exercise during the cool parts of the day, should be advised. The patient should be placed so that a reliable person can watch him carefully and prevent the child's falling into fire or water, or suffocating in the bed-clothing. The regimen in these cases must be most strict and adapted largely to suit the individual case, being simple and unstimulating. Butcher's meat should be entirely excluded or only taken sparingly. A regular life is a great aid throughout the treatment.

The earlier a case is put under medical treatment, the better it will be for it. The bowels should be kept in a mild state of laxation. *Cascara sagrada* is most valuable, especially where the constipation is habitual. It may be given in syrup or one of the elixirs. Five to thirty minims of the fluid extract given at bed-time are usually efficient. The general nervous state should be stimulated by mild general faradization, using the positive as the moving pole and the negative applied by a

large plate to the feet during the seance; not more than thirty minutes to be consumed in one seance. In addition give daily a small amount of some good nervous tonic, say a tablet daily of the strychnine arseniate, gr. 1-134, or a pill of zinc phosphide, gr. 1-20, and extract nux vomica, gr. 1-4. While you are thus toning up the general nervous system, you will need to quiet its irritability by some mildly acting sedative. I have been using with much benefit the tincture of *passiflora incarnata*. Begin with a small dose and increase rapidly to the full dose: Tr. *passiflora*, one to four drachms; water to four ounces. Direct: A teaspoonful four times a day.

Of all the preparations of *passiflora* I find the tincture made by J. A. & J. U. Lloyd, of Cincinnati, the most efficient. In rare cases the *passiflora* is inefficient, and here you may give bromide of potassium, with which may be combined the iodide. The latter is especially advisable where there is a possibility of a syphilitic taint.

To the above may also be added the tincture of valerian. Sometimes it is necessary to combine a laxative with the bromide to counteract its constipating action, such as sulphate of magnesia or the tincture or infusion of rhubarb. The medicine should be continued for a month at least after a fit, and gradually smaller doses for at least six months after the last one.

RICHARD A. GOETHE, M. D.
Boerne, Tex.

—:O:—

In view of the convulsant effects of the potassium salts, as shown by Bouchard, I would suggest the substitution of sodium or calcium in all cases.

What about *passiflora*? Is Dr. Goethe right in attributing value to it, or is this drug useless? Let those who have positive experience reply.

Cascara is a good laxative, but hardly better than senna; and in the laxative gran-

ules we have atropine, an efficient aid in treating epilepsy. Then there is cicutine, the motor depressant. Doctor, take a deeper plunge into dosimetry; study carefully the action of these alkaloids and write to us again in six months of your treatment of epilepsy. I note the quiet smile on the faces of our gray-heads; but we must all begin, you know.—ED.

GRANULES HYPODERMICALLY.

Editor Alkaloidal Clinic:—I have used the following granules hypodermically with excellent results: Aconitine, atropine, heart-tonic, veratrine, glonoin, digitalin, strychnine arseniate, morphine and others. No abscess or local disturbance of any kind has followed. I boil the granules in water in a spoon and sometimes add a little salt. I keep my syringe clean with a mixture of alcohol, carbolic acid and castor oil.

During December I was called eight miles to see Mrs. P., a primipara. She had had several puerperal convulsions before I reached her. I found her unconscious; she could scarcely swallow, but I gave her four granules of veratrine by the mouth. Cold cloths were applied to the head and the feet were wrapped in flannels wrung out of hot mustard water. The mother made a good recovery and the child lived.

DR. W. C. MILLER.

Tadmor, Tex.

—:O:—

This is an illustration of the results of properly selected treatment promptly and rightly applied. We congratulate you, Doctor. Our readers should not forget this little episode. To know what to do in an emergency and be prepared to do it is an important step toward professional success. Don't forget that the granules may be used hypodermically and above all things keep your syringe clean and in working order.—ED.

AMENORRHEA WITH NEPHRITIS.

Editor Alkaloidal Clinic:—About May 18, '97, I wrote you for advice as to the treatment of the following case:

Miss H., aged fifteen years, applied to me for treatment April 27, 1897, with the following history and conditions: She first menstruated in December, '96. It was very profuse and lasted six days. She menstruated again in January, '97, for a day or two, when she was attacked with la grippe, so called by the attending physician. The symptoms at that time were pain in the head and joints, swelling of the feet and limbs, followed by red spots upon the legs and arms. This condition has recurred every two to ten days since that time, but no menstruation.

In addition to the above symptoms I found the patient pale and anemic, languid and listless, but in fair flesh. The heart-sounds were normal, but pulsations sometimes rapid and tumultuous, at other times slower and steadier; spleen much enlarged and tender; liver enlarged. Urine analysis: Rather scanty, acid, specific gravity 1010, pale and very albuminous, and at times tinged with blood, at other times much blood; tongue white, furred and flabby; constipated; kidneys apparently normal in size, not tender.

Treatment: Nuclein (Aulde), one tablet every two hours; Buckley's Uterine Tonic, one every four hours; also one tablet of Aiken's Tonic every four hours, to which I added later strychnine arseniate and digitalin, one granule of each every four hours; later increasing the digitalin to three granules every four hours.

May 17th: Color of face, lips and conjunctiva much improved; no blood and less albumen in urine; specific gravity, 1018; some symptoms of menstruation coming on, such as pain in the back and limbs, etc. So I added to the treatment sanguinarine nitrate, one granule every two hours, hoping to establish the flow.

It was at this stage of the case that I wrote you, stating the case as above and asking for advice.

The following is the substance of your answer of May 20th:

"I believe you are on the right track, but the trouble is you are trying to do too much and too fast. You have accomplished a great deal in twenty days. You want to do in a month what will take three or four months to accomplish and perhaps more. Keep the patient on reconstructive tonics, changing from one thing to another, but using Nuclein all the while. Iron arseniate and strychnine arseniate should also probably be used daily; say one tablet Nuclein (Aulde) and one granule or tablet each of strychnine arseniate, gr. 1-134, and iron arseniate, gr. 1-67, every two or three hours. Possibly sulphate of strychnine and the phosphate of iron would be better, in view of the fact that she has evidently some kidney trouble, either organic or functional, evidenced by the blood in the urine. She is a weakling anyway, and you can't make a strong woman of her.

I hardly think Buckley's Uterine Tonic indicated at this period. Better confine yourself to the general tonics. She is improving. Be satisfied and don't try to do too much. Remember Burgraeve's famous saying: "For acute diseases, acute treatment; for chronic diseases, chronic treatment." The general scope of your plan is all right, and with the above kindly criticism I leave the case to your able management, etc."

Upon receipt of your letter I made the changes suggested.

May 23d: The patient began menstruating and continued three and one-half days, an easy reasonable flow and of good color. However, after this time blood returned in the urine and I added ergotin, gr. 1-6, one tablet every three hours, and the blood soon disappeared again.

At present the patient is feeling quite well, free from pain, in fact has no dis-

comfort whatever, and for the first time in months has felt like mingling with her friends and has gone to another town upon a visit.

So much for Nuclein (Aulde) and the Abbott Alkaloidal Co.'s medicinal preparations.

But, Doctor, there is a good deal of albumen in the urine yet, and occasionally a trace of blood; at other times there is pale and sickly-colored urine. Had I better "fight it out in this line if it takes all summer?"

I will later report the final results if it be any other than death. No, I am not discouraged, for I told the young lady's mother when I took the case that I could absolutely promise nothing.

Long live the CLINIC and its good editors, Drs. Abbott and Waugh.

J. F. CHERRINGTON, M. D.

Chillicothe, Mo.

—:O:—

The urine should be examined microscopically. A sample may be forwarded safely if a vial is filled with pure potassium acetate and the urine poured over it; or a few drops of formalin added to the urine. Meanwhile, the addition of arbutin to the tonic treatment would be useful in restraining the loss of blood and of albumen. Avoid all sauces, condiments and other irritating substances, and restrict the quantity of meat as closely as possible. —Ed.

HELP WANTED.

Editor Alkaloidal Clinic :—My husband complains of dizziness, often staggers and comes near falling. He complains most in the morning. He is weak, though his appetite is good enough. He is fifty-five years old. I tested his urine and found it free from albumen, and acid in reaction. I gave him calomel in small doses, as his liver was not acting. It acted upon his kidneys, but the dizziness continues. I

have also given strychnine and potassium iodide.

Also please give me a good remedy for cystitis in an old lady.

MARY L. COX, M. D.

Upper Penasco, N. M.

—:O:—

Clear his bowels thoroughly with the Eclectic Hepatics. Then give him colchicine, a granule every two to four hours, if he is full-blooded; or strychnine arseniate, gr. 1-134, every two hours if anemic.

For cystitis try S. & H.'s Tritica.—Ed.

"ON THE RAGGED EDGE."

Editor Alkaloidal Clinic :—The reading of this article by Dr. Chenery gave me the impression that he is lacking in breadth and charity. There is no doubt but that the homœopath who preceded him in his case of auto-toxemia made a grave mistake. But no school of medicine has a monopoly of mistakes. Only last week it came to my notice that two "Allopaths" had treated a case of hip-joint disease for rheumatism of the knee.

It is best for physicians to exercise a broad spirit of charity toward one another, even toward those of different schools. Especially let those cast a stone who are without the sin of imperfection. This is not written in defense of a 'pathy. Those of us who come into the CLINIC are supposed to be simply doctors. On this account it is especially desirable that its brotherhood should exhibit a good, kind and catholic spirit. I think there may be many in our brotherhood who feel with me that offensive comparisons and personalities had better be omitted from the CLINIC. I have been much pleased with the broad spirit of the CLINIC. It is especially marked in good Brother Epstein's notes.

T. M. TRIPLETT, M. D.

Clinton, Mo.

—:O:—

Amen. We are all doctors here, and no sectarianism can find a place with us.—Ed.

PHTHISIS.

Editor Alkaloidal Clinic:—I have been trying nuclein (Aulde) in a case of pulmonary phthisis, and having noticed very little, if any, improvement from its use, I thought I had better write and ask your advice, and get another small supply if you thought it advisable.

Case: Girl, aged seventeen; family history, quite a number of cases of phthisis, her mother having died of the disease at the age of twenty-seven. She has always been a weak, delicate child, but the disease did not fully declare itself until about six months ago.

I was called to the case three months ago, and found them treating her for what they believed to be an ordinary case of pneumonia and malarial chills. I found the patient very weak and anemic from loss of blood, from almost daily attacks of hemoptysis, having frequently lost as much as a pint of blood at a time. She was also suffering severely from darting pains through both lungs, with frequent attacks of hectic chills and fever, night-sweats, and great rapidity and irritability of the heart, with her stomach so irritable that all kinds of medicine were promptly rejected, and almost all kinds of food. She also had a persistent, distressing, painful cough, and constipated bowels.

The most prominent physical signs were exaggerated tubular breathing, with complete absence of vesicular quality, at the apices of both lungs, and total suppression of vocal fremitus all over the left lung.

Diagnosis: Tubercular phthisis at about the close of the first stage. Prognosis: very unfavorable. In fact, while I encouraged the family, and especially the patient all I could, I had very little hopes of doing any good.

Treatment: Ordered Bovinine in half-teaspoonful doses with one ounce of fresh sweet milk and two drachms old Kentucky

whiskey, every three hours; with orders to increase as fast as the stomach would bear. Also beechwood creasote, two minims; cinnamic acid, half a grain; pulverized cinnamon, q. s. in capsules, alternately, *i. e.*, every three hours. For cough, pulverized ipecac, codeine, of each one-fourth grain as indicated. For constipation, Waugh's laxative granules before each meal as necessary.

Limit of the dose of Bovinine has been two teaspoonfuls, generally without the whiskey. It has been continued with varying success, until now she has taken nearly four bottles. The creasote has also been kept up. The cough medicine was taken for about six weeks, when all necessity for it ceased, and it was discontinued. The granules have absolutely cured the constipation, so that she has not found it necessary to take any for several weeks. The pain in the chest is all gone. She takes her meals regularly, rests tolerably well at night; takes short rides on horseback, or in a buggy nearly every day (at the commencement of treatment she was confined to her bed nearly all the time); vocal fremitus over the left lung returned to about normal; exaggerated tubular breathing at apexes continued.

Have been able to control the chills and hectic with quinine and Fowler's solution to some extent, but of late both seem to have lost their grip, and to have a deleterious effect upon the general system, while the septic (daily) chills and fever and profuse night-sweats hold undisputed sway, and the pulse has become decidedly dicrotic and very rapid, reaching as high as 145 per minute during the fever.

For the last ten days she has taken four tablets of nuclein (Aulde) daily, with scarcely any perceptible benefit. Tincture of belladonna seems to have no effect at all on the sweats, in four-drop doses at bedtime.

Now, brother Abbott, have I really gained any ground in this case? Or is

the disease pursuing about its natural course in spite of me?

The family are old friends of mine, and I would move heaven and earth to arrest the disease if I could. Yesterday, in sheer desperation, I ordered her to take 1-4 grain of calcium sulphide every two hours as long as she could stand it, in hopes of neutralizing septic absorption, or auto-infection, which I believe to be the sole cause of the chills, fever and night-sweats. Was this right?

I fear that you, and many others of the old wise-heads (should this ever reach the columns of the CLINIC) will smile at such a prescription, for I had no authority on earth for it, except on theoretical grounds. Will I hopelessly upset my patient's stomach and digestion? If such should be the case can I gain anything by the sedative tolerant action of cocaine on the stomach?

As a brace for the stomach and digestion, I am giving gr. 1-100 of mercuric oxide after each meal.

Perhaps I should add that I have tried a number of remedies that have proved utter failures, Syr. Hypophos. Co. (Fellows) caused too much irritation of the stomach. Zumo-anana was intolerable. Pepto Mangan (Gude) was a prompt and severe emetic. The thoughts of cod-liver oil in any shape are unbearable. Infusion of fresh wild-cherry bark combined with hydrocyanic acid was tolerated and seemed to do some good.

I was introduced to the CLINIC about six months ago and have been a subscriber since the beginning of the year. I received the twelve-vial sample case, and some of the little giants have served me well already; and I am trying hard to learn more about them.

J. A. COFFMAN, M. D.

McElhany, Mo.

—:O:—

Add to your present treatment about forty grains of calcium sulphocarbolate and five to ten of iodoform each day;

quadruple the nuclein, and give atropine enough to control the sweats. The girl has shown the capacity of improvement, which is a good omen.—ED.

DOG-SPASMS.

Editor Alkaloidal Clinic:—A near neighbor had a house dog but no children, so that maternal feeling was strong towards "Pet." I was called hurriedly one morning; said "Tricksy" was dying—some one had poisoned her. I broke my neck getting there with my ever-faithful A. A. granules. "Tricksy" had an anxious appearance, legs extended, head curved backward in spasm. I diagnosed strychnine poison (not being a dog-doctor).

I put my hand over her heart and it was beating so fast I could not count it. Then a spasm came and the heart appeared to flutter and stop beating. I said to "Mamma": "It is dead." At this moment I decided to use glonoin, gr. 1-250, on the tongue. In less time than it takes to tell it she began to pant fast, and the heart began to beat; both breathing and heart-beats getting slower. I gave another granule and in a few minutes "Tricksy" got up, staggering around.

I gave three granules "A. A. C." of apomorphine, and in a few moments green cheese was thrown up. I then gave granules of atropine every two hours as long as she had symptoms of spasms or an uneasy appearance.

"Arms of Precision," is not a misnomer for these "sure-shot" granules.

S. P. STOWERS, M. D.

Stotesbury, Mo.

—:O:—

Not only in dogs but in children the evacuation of the stomach will often reveal the cause of spasms and cure them as well. Note that the cheese-ptomaine produced symptoms of strychnine; and that the glonoin probably was absorbed from the mouth, as the patient was beyond swallowing.—ED.

SUMMER DIARRHEA.

Editor Alkaloidal Clinic:—There is not enough attention given to hygiene, and generally too much medicine is given. Valuable time and many little ones are lost by the mother's first trying all her favorite teas before sending for a physician. However, I would as soon risk some of the teas as the prescriptions of several physicians of my acquaintance.

My first instructions to the mother are:

If the child is nursing avoid getting it overheated.

Do not let the child nurse as much as it wants.

Avoid becoming angry.

Keep the child cool and not in a crowded room.

Give it a spoonful of water occasionally that has been boiled and add a few drops of hydrogen dioxide.

If the gums are swollen and purple, have them lanced.

If the milk is not nourishing it enough give Bovinine (a few drops) six or eight times a day and anoint the body twice a day with hydroleine.

If bottle-fed, or a child that has been weaned, the milk should always come from a healthy cow and should be properly sterilized and not left exposed to the air.

The milk given should be the milk that comes from the cow of mornings.

The cow should have running water to drink, and never pond water, and she should not be shut up in a hot stable of nights.

If the milk comes through in curds add a little lime-water.

Occasionally a change to some of the prepared foods is necessary.

Albumen water (flavored) is excellent as a food.

I think too much opium is used in these disorders. A spice poultice will often do what we expect from the opium, and is much less dangerous.

If the child is restless and cannot sleep, use *passiflora*. Use codeine in some cases.

I let children that are over one year old have a piece of banana every day if they will eat it. (Some will hold their breath when they read this and throw the journal down.) I generally cure my own children with bananas alone. I want them ripe.

When the discharges show a deficiency of bile, I commence treatment with the following:

Calomel, gr. 1-20; ipecac, gr. 1-50; sodium bicarbonate, gr. 1-2; bismuth subnitrate, gr. 2. Direct: Give one every hour until the discharges show presence of bile; then give bismuth subnitrate, gr. 2-5; pulv. acacia, gr. 5-10; zinc sulphocarbonate, gr. 1-2-2; and continue this until the irritable condition of the bowels has subsided, giving a dose after each evacuation.

In cases of a dysenteric nature, with straining, passing of blood and mucus, give castor oil, one ounce; mucilage of acacia and syrup, of each half an ounce; cinnamon water, two ounces. Direct: A teaspoonful every four to six hours.

Between these doses give the following: Specific tincture of ipecac, ten drops; water, four ounces. Dose, a teaspoonful.

Also use starch-water injections twice a day, alternating with injections of argentic nitrate, eight grains to as many ounces of water.

This is my usual treatment. I change occasionally; more often than in my younger days.

In all cases I use cool baths and dosimetric trinity, No. 1, for controlling high temperature.

For chronic cases I use copper arsenite or oxide of zinc, with builders.

In all my cases of dysenteric character I use some quinine (we have malaria here) in the way recommended by Dr. Love, of St. Louis: "Take two layers of flannel six or eight inches square, and place quinine

uniformly between them. Bind the edges and quilt the same backwards and forwards and crossways until the powder is uniformly held between them. Then cover one side with oiled silk, moisten the flannel surface with hot whiskey and apply same over the stomach, holding in place with a flannel bandage. You can use hot vinegar in the absence of whiskey."

J. T. BARNETT, M. D.

Hardinsburg, Ind.

—:O:—

Though somewhat belated, Dr. Barnett's letter covers some good points in hygiene too valuable to lose. The local use of quinine (or alcohol?) is somewhat obscure. Is the application intended as a counter-irritant or to get a small but continuous absorption of quinine in operation? If the latter, would there not be more uniformity by making an ointment or plaster of the quinine?—ED.

COMMENTS ON SUGGESTIONS, AND ON CASES, MADE FROM A PHYSIOLOGICAL STANDPOINT.

Editor Alkaloidal Clinic:—The editorial remarks on "sunstroke" in the July number of THE ALKALOIDAL CLINIC are excellent until they come to the pathology of heat-exhaustion. At that point the claim is made that the pathology is "traceable to vaso-motor paresis." But this has reference to one special power only, while every animal power of the body is overthrown. We take it that the editor put it in that way from a desire for brevity; but, as the animal body of man is an aggregation of organs and tissues controlled by special powers, it seems better that the reader should be impressed with the fact that whenever the body is down with typhoid fever or heat-exhaustion, all the animal powers of the body are prostrated.

In the directions for treatment of heat-exhaustion we find the following: "Mustard or any form of heat to be applied ex-

ternally." That is good. Yet, we have cases of fainting where these are not at hand, though the respiration and the pulse are at a standstill. In such case the urgent action has a range of but three minutes. Friction and movement must be the reliance. Why? Because friction creates heat, attracts blood, imparts electricity, and rouses the sensory nerves, while movement of the limbs, especially of the arms with upward traction, tends powerfully to arouse the nervous system. Remembering that it is absolutely necessary to arouse functional action at the base of the brain, and that the sensory nerves of the whole body lead to the brain, we will present a typical case to illustrate artificial respiration, physiologically applied.

About three years ago the writer was called hurriedly to a case, but a short distance from his office. A lady had fainted in a crowded store. She had fallen insensible upon the floor. Cold water had been thrown on her face, but she did not rally. I found her in this situation, with a lady supporting her raised head, while fifteen or twenty were standing around her, some of them crying bitterly over the thought that she was really dead. As I approached her I ordered that her head be put down upon the floor. There was no pulse; no respiration; and the eye had lost all sensation and seemed to be glazed.

She had been in this faint for about three minutes and was apparently dead. Stepping back of her head I grasped each arm midway between elbow and shoulder, and, carrying them outward and upward, pulled her up on the floor for about a foot. Dropping the arms, I rubbed the sides of her head, ears and neck for about five seconds with all the force I could throw into my hands. Then grasping the extended arms, I thrust them down to her sides and pushed her roughly back to the position in which I had found her. Again dropping the arms, I rubbed her head and ears as before, and then grasping her arms and carrying

them outward as before, I again pulled her toward me by her arm to repeat the rubbing. This alternate pulling and pushing in the extension and depression of the chest-walls, with the friction on head, ears, and neck, were kept up until the fifth "pull," when she took a deep, gasping inspiration, and in a few minutes was able to stand and talk. I did not allow her to raise her head from the floor for about three minutes after she regained possession of her senses.

Practically the same course should be pursued in all cases of attempted resuscitation, unless an electric battery is put into use. At the same time it would be well, in case of sufficient help, to have heat or friction to the whole body where its surface is cold, as in case of drowning.

Now I wish to put in two objections on the suggestions of Dr. Ide: His general view of the necessity of keeping cool in the heat of summer is good, though not well-mixed. Regarded as a prescription, it is incompatible. "Woolen material" does not aid the cooling process, but opposes it. Wool is a non-conductor, and a good material for a garment in winter. Cotton is a good conductor and best suited to comfort and health in summer. A multitude of children have been killed during the heat of summer through an inability to recognize the laws that govern the radiation of heat. The so-called animal heat of the body is a matter of positive electricity. Note this, that whether the animal heat is normal, or in excess as in fever, it can only be depleted by the positive going to the negative of a cooler medium. The surface of the earth is always negative as compared with the healthy body. So is the atmospheric air that surrounds the body, save when its temperature runs up to 98.6° F., the standard temperature of the body. Then take care! For in this event the positive electricity of the body is entirely surrounded by the positive electricity of the atmosphere, and a serious collision is imminent.

In death from sunstroke, from the live wire, and from the bolt of lightning, we see the fatal effect of electrical repulsion. And heat-exhaustion comes upon the same line, while the feeble little patients are under a double disadvantage; they cannot tell their wants, nor can the sick child get out of the hot bed which its overheated body has made intolerable. Yet, the leading necessity of the feverish little body is to get free from its excess of heat. As this can be done only by radiation of the heat to a cooler medium, the hot bed, as a non-conductor in the hot season, becomes a veritable baby-killer. But give these little ones the cooling support of a hammock, or simply a sheet put up in hammock form in a cool room, or in the deep shade of a tree, and then give the proper medicinal treatment, with watchful and intelligent care, and the old scythe-carrier will look elsewhere for his victims.

The other suggestion of the doctor to which I take exception, is that of boiling the milk for these little patients. I have seen no good from it; on the contrary, I feel sure that I have seen much harm done by it. Practically it has been settled time and again by experiment that the boiling of milk injures its quality as food. That fact should settle the matter.

Now let us turn to Dr. Carbaugh on typhoid fever. "The etiology of typhoid fever is well-known to all of us." Well, that must be refreshing to the lucky fellows who are covered by the mantle of that tremendous "us," but it is not so to me, for I must confess, in sorrow, after thirty years of medical study, that I do not know the cause of typhoid fever. But if I did know the cause, what then? Would it aid me in making a cure in the case?

Let us see. The exciting cause of sunstroke is intense atmospheric heat. Can you remove this atmospheric heat? If a person is freezing, does it aid you professionally to know that the exciting cause is an atmospheric temperature down to zero?

Suppose Dr. Carbaugh is called to a case of facial paralysis, and ascertains that it was caused by a high wind against which the patient had been riding. Can she remove the high wind?

Called to a case of pneumonia caused by being "wet through" in a rain-storm, can she remove the rain-storm? If when a man is walking rapidly and steps into a hole and breaks his leg, can the surgeon remove the hole? Yes, he can fill it with dirt. Will this cure the broken leg? No. Etiology cuts no figure in the treatment save in very rare cases, and typhoid fever is not one of them.

And Dr. Carbaugh is equally at fault in putting reliance upon the treatment of symptoms. No cure is made by the treatment of symptoms save by the repair power of the organic nervous system. Yet the fault is not specially with Dr. Carbaugh; it is as widespread as the whole profession, and simply because we have never been taught either the cause or the essential nature of the medical diseases.

Of course I am aware that bacteriology is taught, but there is no truth, sense or science in bacteriology or any of its "fads," as applied medically, save in the use of the antiseptics. These are all right, and they are "all right," because they are stimulants of the organic nerves.

Now it is supposed that the Almighty has endowed men and women with brains. If we have them, let us exercise them in thought. Let us apply this thought in a close study of physiology, for here medical practice as surely finds its basis for work as surgery does its basis in the anatomy of the body. Anatomy is the machinery of the body. Physiology is the exercise of the power that works this machinery, and this power, in what we call physiological function, is delivered in every portion of the body through the machinery of the nervous system. This being the case, and practical medicine having its basis in physiology, it follows that the pathology

of the medical diseases is to be found in deranged or restricted physiology, or in functional loss of power. This being the case, all of the medical diseases are practically diseases of the nervous system.

Facial paralysis unbalances the symmetry of the face, but produces no general effect upon the body, because the special power involved is local and distributed wholly upon the surface. But the exciting cause, whatever it may be, of typhoid fever and the epidemics, reaches the central nervous system at the base of the brain and strikes down the power at the most important centers of animal life, centers that are general in their influence over the whole body. Every special power in the body suffers, the volitional as well as the automatic. The centers for attitude and animal heat are most important, and the overthrow of these gives us the leading characteristics of these diseases—the prostration and the fever heat. In the paralysis of power at these two special centers we have the essential disease in every case of fever. If we can restore this power we can cure these cases of fever.

C. W. CRAM, M. D.

Davenport, Iowa.

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Vaso-motor paresis does not constitute the whole pathology of heat-exhaustion, but what the editor said or meant to say was that vaso-motor paresis was the starting-point of the process. From this comes the free sweating, and this induces thirst; and in the free drinking of iced beverages we have a further induction of the vaso-motor debility and loss of salts. Hence the profound and universal debility.

As to the causation of typhoid fever, the fact that the disease follows the ingestion of the bacillus typhosus with uniformity is much better proved than any of Dr. Cram's hypotheses in regard to the electrical states of the body.—ED.

CAFFENOL AND ZOMAKYNE.

Editor Alkaloidal Clinic:—In the June number of the CLINIC you ask if some one who has used Zomakyne will tell you about it. When expert testimony is offered, it must be proven that the witness is competent to give an intelligent opinion. My estimate of the value of this remedy is based upon the use of more than one hundred and forty ounces since January, 1895, when I received a four ounce box of Caffenol from the Maltbie Co. with the request that I use one-half, if not satisfied I could return the balance at their expense. The offer was so fair and the price so low I gave it a trial, which resulted in its daily use. The usual dose is five grains, never exceeding seven and one-half. The method of administering is very important. Place the powder in a dry spoon, saturate it with hot water, as soon as taken have the patient slowly sip an ounce or two of hot water and if possible lie down for fifteen minutes. The name has been changed but not the remedy, if you will use Zomakyne you will be surprised and your patients delighted. I use it for insomnia and nervousness, as well as for all kinds of pain. It is especially useful in after-pains and dysmenorrhœa.

CLINICAL NOTES.

When the young mother complains of sensitive nipples have them thoroughly dried with sub-nitrate of Bismuth, use it every time after nursing and if any powder remains at the next nursing leave it, for it often prevents a sore mouth.

When you have a sore mouth (stomatitis) to treat, discard all sweet mixtures, using a solution of twenty grains of bicarbonate of pot. in one ounce of water, or preferably, an infusion of sage. Have the mouth thoroughly washed with this after each nursing. Let this be done with a piece of soft linen, which must not be put into the solution after having been in the child's mouth.

If I have not trespassed upon the valuable pages of the CLINIC I will give some clinical notes, hereafter, showing what has been done with Alkaloidal granules. I derive so much benefit from this practical and incomparable journal that I would gladly make some return.

MARY E. LITTLE, M. D.
Nevada City, Cal.

CAMPHO-PHENIQUE.

Extract from a letter received from Dr. Herman E. Pearse, editor of the *Kansas City Medical Index*, and a prominent practitioner of that city, July 16th, 1897, says:

"Campho-Phenique, Campho-Phenique Powder and Campho-Phenique Gauze are always on my dressing table at my clinic room, always in my cabinet at my private office, and always in my satchel for outside work. The reason for this, if asked, is simply because they do their work well and constitute an ideal dressing outfit."

A UNIVERSAL OPINION.

Editor Alkaloidal Clinic:—The July CLINIC is simply immense.

DR. C. W. BROOKS.
Enterprise, Kans.

—o:—
One year one dollar.—ED.

SOMETHING WORTH READING.

Dear Doctor Abbott:—Permit me to express to you as editor, and to your associate, Dr. Waugh, my high appreciation of the contents of the July number of THE ALKALOIDAL CLINIC, devoted to a discussion of the summer diseases of childhood. If you could manage, by hook or by crook, to efface from the minds of the rising generation of physicians, all the teachings of the school, and sink to the uttermost depths of the Atlantic all the text-books, substituting therefor, in this particular department, the July CLINIC, you cannot form an idea of

the blessings which you would confer upon humanity, because this number, thoroughly studied, will in itself furnish a liberal education. "More power to you."

Hastily, but truly yours,

JOHN AULDE, M. D.

Philadelphia, Pa. July 10, 1897.

A NICE LETTER.

Dear Dr. Abbott:—Your little gem of a book (*Brief Therapeutics*) came to hand a few days since, for which please accept my sincere thanks. It is just what we, whom are comparatively young in the use of the alkaloids, need. It is brief and right to the point.

I certainly enjoy the practice of medicine much more since I began the use of the A. A. Co.'s remedies. I have a number of case reports for the CLINIC as soon as I can get them together.

Again thanking you for the very excellent little helper, I am,

Very respectfully yours,

DR. E. E. SHERMAN.

Winchester, Iowa.

INFANTILE DIARRHEA.

A. F. Plicque (*La Presse Medicale*), July 1, 1896. The author recognizes four varieties of diarrhea: (1) Simple diarrhea, caused by cold or by defects in alimentation. This should be promptly treated by regulation of the diet, and by a purgative, such as castor oil with orange juice, or sodium sulphate in sugar-water. Should further medication be required, injections of starch-water with from one-half to a drop of laudanum may be employed, or the internal administration of bismuth or astringents. Persistent diarrheas must be treated by opium. (2) Bilious diarrhea, which may be discriminated from green bacillary diarrhea, by the addition of a drop of nitric acid to the stains made by the fecal matter, when the characteristic

violet-rose coloration will be seen. Alkaline treatment is all important; sodium bicarbonate is given at the rate of fifteen grains in twenty-four hours for each two and one-half pounds of the child's weight, but the daily dose should never exceed more than one and one-half drachms of the alkali. Biliary diarrhea due to tuberculosis of the liver will resist all treatment. (3) Green bacillary diarrhea may be acute and cause death in one or two days, or, becoming chronic, may prove fatal from atresia. In addition to general hygienic measures we should give lactic acid. (4) Cholera infantum may occur during the course of either of the varieties of diarrhea alluded to. Its two special symptoms are peripheral algidity with cyanosis of the extremities, with, perhaps, rectal elevation of temperature and collapse with complete inertia, which is occasionally interrupted by subsultus and respiratory efforts.

Feeding should be insisted upon in spite of the vomiting; chicken-broth being often better tolerated than milk. Milk with a few drops of brandy should be given by teaspoonfuls. The medicinal treatment consists of lactic acid, hydrochloric acid, and laudanum. Internal stimulants, as champagne, coffee, etc., or external ones, as hot mustard, baths and injections of ether, should be employed.—*Philadelphia Polyclinic*.

THERAPEUTIC SUGGESTIONS.

"The Record" says that when calomel is given we should avoid acid, salty or richly albuminous food.

"There is no single drug employed in nervous diseases with effects so markedly beneficial as those of cod-liver oil."

Nitro-glycerin has but little power over the pains of aneurism; it acts best in the angio-spastic forms of angina pectoris.